

**REPORT
ON THE
COST REPORT REVIEW**

**BEVERLY COMMUNITY HOSPITAL
MONTEBELLO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1184628919**

**FISCAL PERIOD ENDED
DECEMBER 31, 2009**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Lan Nguyen
Auditor: Leslie Griffin**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: May 2, 2013

Robert Flores
Director, Reimbursement/Budget
Beverly Community Hospital
309 West Beverly Boulevard
Montebello, CA 90640

BEVERLY COMMUNITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1184628919
FISCAL PERIOD ENDED DECEMBER 31, 2009

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 \$22,952, 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 of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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.

Robert Flores
Page 3

If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

(Original signed by Margaret A. Varho)

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

Certified

SUMMARY OF FINDINGS

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1184628919		
Reported	\$ 0	
Net Change	\$ (22,952)	
Audited Amount Due Provider (State)	\$ (22,952)	
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: 1184628919		
Reported		\$ 15,873,994
Net Change		\$ (2,866,509)
Audited Cost		\$ 13,007,485
Audited Amount Due Provider (State)	\$ 0	
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)	\$ (22,952)	
9. Total Medi-Cal Cost		\$ 13,007,485

SUMMARY OF FINDINGS

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

		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)		\$ (22,952)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1184628919

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 69,711
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 0	\$ 69,711
6. Interim Payments (Adj 5)		\$ 0	\$ (92,663)
7. Balance Due Provider (State)		\$ 0	\$ (22,952)
8. Duplicate Payments (Adj)		\$ 0	\$ 0
9.	\$	\$ 0	0
10.	\$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (22,952)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
BEVERLY COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2009Provider NPI:
1184628919

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>0</u>	\$ <u>69,711</u>
--	-------------	------------------

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 4)	\$ <u>0</u>	\$ <u>100,206</u>
--	-------------	-------------------

3. Inpatient Ancillary Service Charges (Adj 4)	\$ <u>0</u>	\$ <u>117,635</u>
--	-------------	-------------------

4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>217,841</u>
--	-------------	-------------------

5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>148,130</u>
--	-------------	-------------------

6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
BEVERLY COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2009Provider NPI:
1184628919

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	31,530	31,530
2. Inpatient Days (include private, exclude swing-bed)	31,530	31,530
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	31,530	31,530
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)	\$ 23,511,685	\$ 23,511,759
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)	\$ 23,511,685	\$ 23,511,759

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 30,188,216	\$ 30,188,216
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 30,188,216	\$ 30,188,216
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.778837	\$ 0.778839
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)	\$ 957.44	\$ 957.44
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)	\$ 23,511,685	\$ 23,511,759

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 745.69	\$ 745.69
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 36,785
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 36,785

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
BEVERLY COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2009Provider NPI:
1184628919

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,143,127	\$ 1,143,126
2. Total Inpatient Days (Adj)	2,638	2,638
3. Average Per Diem Cost	\$ 433.33	\$ 433.33
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SPECIAL CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 8,122,361	\$ 8,122,352
7. Total Inpatient Days (Adj)	5,344	5,344
8. Average Per Diem Cost	\$ 1,519.90	\$ 1,519.90
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 (April 1, 2009 Through November 30, 2009)		
26. Per Diem Rate (Adj 1)	\$ 0.00	\$ 310.68
27. Medi-Cal Inpatient Days (Adj 1, 6)	0	63
28. Cost Applicable to Medi-Cal	\$ 0	\$ 19,573
ADMINISTRATIVE DAYS (December 1, 2009 Through December 31, 2009)		
29. Per Diem Rate (Adj 2)	\$ 0.00	\$ 351.26
30. Medi-Cal Inpatient Days (Adj 2)	0	49
31. Cost Applicable to Medi-Cal	\$ 0	\$ 17,212
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 36,785

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1184628919

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:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1184628919

		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	\$ 4,825,923	\$ 15,907,383	0.303376	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	3,307,725	4,907,336	0.674037	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	4,673,111	21,997,423	0.212439	3,972	844
44.01	Laboratory - Clinical	5,215,202	34,400,712	0.151602	16,888	2,560
44.02	Laboratory - Pathological	505,087	967,122	0.522258	0	0
44.03	Radiology - Therapeutic	0	0	0.000000	0	0
44.04	Radioisotope	0	0	0.000000	0	0
44.05	Laboratory	0	0	0.000000	0	0
45.00	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing, Processing and TRA	2,065,951	2,766,849	0.746680	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	2,284,294	10,696,829	0.213549	0	0
50.00	Physical Therapy	709,956	1,476,712	0.480768	5,844	2,810
51.00	Occupational Therapy	69,953	199,256	0.351073	1,839	646
52.00	Speech Pathology	41,676	163,622	0.254709	1,363	347
53.00	Electrocardiology	212,450	4,299,102	0.049417	0	0
54.00	Electroencephalography	86,654	327,155	0.264871	0	0
55.00	Medical Supplies Charged to Patients	10,006,636	22,068,021	0.453445	0	0
56.00	Drugs Charged to Patients	7,949,794	22,837,620	0.348101	70,183	24,431
57.00	Renal Dialysis	752,483	1,316,884	0.571412	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00	Cardiac Catherization Laboratory	1,745,987	7,310,590	0.238830	0	0
59.01	Cardiac Therapy Center	268,631	233,213	1.151870	0	0
59.03	Magnetic Resonance Imaging	371,333	5,060,448	0.073380	17,546	1,288
59.04	CAT SCAN	770,665	20,523,493	0.037550	0	0
59.05	Pulmonary Function Testing	388,836	3,944,569	0.098575	0	0
59.06	Gastro Intestinal Services	1,168,076	5,421,261	0.215462	0	0
59.07	Vascular Lab	323,608	3,096,473	0.104508	0	0
59.08	Surgical Day Care	1,729,415	4,254,242	0.406515	0	0
59.09	Lithotripsy	589	173,340	0.003399	0	0
59.11	Hyperbaric Center	762,931	2,424,523	0.314673	0	0
60.00		0	0	0.000000	0	0
61.00	Emergency	6,788,859	20,372,287	0.333240	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 57,025,825	\$ 217,146,465		\$ 117,635	\$ 32,926

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1184628919

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 15,873,994	\$ 13,007,485
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)	\$ 15,873,994	\$ 13,007,485
6.	\$	\$ 0	\$ 0
7.		\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 15,873,994	\$ 13,007,485
(To Summary of Findings)			
9.	Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
10.	Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0
11.		\$ 0	\$ 0
12.		\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0
(To Summary of Findings)			

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

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1184628919

REPORTED	AUDITED
----------	---------

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>15,873,994</u>	\$ <u>13,484,824</u>
--	----------------------	----------------------

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9)	\$ <u>10,564,172</u>	\$ <u>9,324,912</u>
--	----------------------	---------------------

3. Inpatient Ancillary Service Charges (Adj 9)	\$ <u>28,204,524</u>	\$ <u>24,197,827</u>
--	----------------------	----------------------

4. Total Charges - Medi-Cal Inpatient Services	\$ <u>38,768,696</u>	\$ <u>33,522,739</u>
--	----------------------	----------------------

5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>22,894,702</u>	\$ <u>20,037,915</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:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1184628919

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

REPORTED	AUDITED
----------	---------

INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	31,530	31,530
2. Inpatient Days (include private, exclude swing-bed)	31,530	31,530
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	31,530	31,530
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 7)	7,754	6,397

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)	\$ 23,511,685	\$ 23,511,759
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)	\$ 23,511,685	\$ 23,511,759

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 30,188,216	\$ 30,188,216
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 30,188,216	\$ 30,188,216
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.778837	\$ 0.778839
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)	\$ 957.44	\$ 957.44
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)	\$ 23,511,685	\$ 23,511,759

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 745.69	\$ 745.69
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 5,782,080	\$ 4,770,179
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 2,273,042	\$ 2,072,512
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 8,055,122	\$ 6,842,691

(To Contract Sch 3)

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

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1184628919

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,143,127	\$ 1,143,126
2. Total Inpatient Days (Adj)	2,638	2,638
3. Average Per Diem Cost	\$ 433.33	\$ 433.33
4. Medi-Cal Inpatient Days (Adj 7)	1,254	1,149
5. Cost Applicable to Medi-Cal	\$ 543,396	\$ 497,896
SPECIAL CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 8,122,361	\$ 8,122,352
7. Total Inpatient Days (Adj)	5,344	5,344
8. Average Per Diem Cost	\$ 1,519.90	\$ 1,519.90
9. Medi-Cal Inpatient Days (Adj 7)	1,138	1,036
10. Cost Applicable to Medi-Cal	\$ 1,729,646	\$ 1,574,616
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)	\$ 2,273,042	\$ 2,072,512

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1184628919

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:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	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	239,951	0	0	0	0	0	0	0	0	3,255,040	675,510
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	195,545	0	0	0	0	0	0	0	0	2,256,469	468,279
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	225,031	0	0	0	0	0	0	0	0	3,252,056	674,890
44.01	Laboratory - Clinical	0	228,604	0	0	0	0	0	0	0	0	3,820,512	792,860
44.02	Laboratory - Pathological	0	16,020	0	0	0	0	0	0	0	0	355,703	73,818
44.03	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
44.04	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.05	Laboratory	0	0	0	0	0	0	0	0	0	0	0	0
45.00	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing, Processing and TRA	0	15,694	0	0	0	0	0	0	0	0	1,543,842	320,389
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	139,572	0	0	0	0	0	0	0	0	1,637,127	339,748
50.00	Physical Therapy	0	38,267	0	0	0	0	0	0	0	0	456,430	94,722
51.00	Occupational Therapy	0	4,303	0	0	0	0	0	0	0	0	47,276	9,811
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	32,755	6,798
53.00	Electrocardiology	0	7,872	0	0	0	0	0	0	0	0	121,174	25,147
54.00	Electroencephalography	0	4,110	0	0	0	0	0	0	0	0	62,058	12,879
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	7,226,308	1,499,656
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,976,806	825,296
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	608,902	126,364
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization Laboratory	0	77,573	0	0	0	0	0	0	0	0	1,328,507	275,701
59.01	Cardiac Therapy Center	0	11,298	0	0	0	0	0	0	0	0	162,383	33,699
59.03	Magnetic Resonance Imaging	0	12,809	0	0	0	0	0	0	0	0	271,165	56,274
59.04	CAT SCAN	0	40,487	0	0	0	0	0	0	0	0	507,514	105,323
59.05	Pulmonary Function Testing	0	21,552	0	0	0	0	0	0	0	0	268,278	55,675
59.06	Gastro Intestinal Services	0	77,285	0	0	0	0	0	0	0	0	850,828	176,570
59.07	Vascular Lab	0	0	0	0	0	0	0	0	0	0	228,201	47,358
59.08	Surgical Day Care	0	96,946	0	0	0	0	0	0	0	0	1,206,552	250,392
59.09	Lithotripsy	0	0	0	0	0	0	0	0	0	0	143	30
59.11	Hyperbaric Center	0	14,881	0	0	0	0	0	0	0	0	612,016	127,010
60.00		0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	404,024	0	0	0	0	0	0	0	0	4,951,353	1,027,541
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 and Canteen	0	0	0	0	0	0	0	0	0	0	14,271	2,962
96.01	Fund Development	0	11,635	0	0	0	0	0	0	0	0	640,004	132,818
96.02	PT Compl and Guest Tray	0	0	0	0	0	0	0	0	0	0	0	0
96.03	Clinical Train Nurse	0	0	0	0	0	0	0	0	0	0	1,402	291
96.04	Surgical Day Care Meals	0	0	0	0	0	0	0	0	0	0	0	0
96.05	Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0	4,358	904
96.07	Phys Referral	0	0	0	0	0	0	0	0	0	0	2,064	428
96.08	Community Education	0	50,536	0	0	0	0	0	0	0	0	1,163,051	241,365
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01		0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	5,422,545	0	92,393,823	15,878,927							

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

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	65,204	278,240	59,453	202,526	0	57,286	0	89,630	15,388	0	127,646	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	47,822	204,066	39,303	114,224	0	47,352	0	84,079	2,162	0	43,970	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	75,973	324,193	35,556	80,200	0	64,699	0	22,434	6,996	5,098	131,016	0
44.01 Laboratory - Clinical	20,892	89,149	23	18,632	0	68,582	0	0	83,172	0	321,381	0
44.02 Laboratory - Pathological	9,148	39,035	251	9,316	0	7,035	0	0	3,098	0	7,683	0
44.03 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
44.04 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.05 Laboratory	0	0	0	0	0	0	0	0	0	0	0	0
45.00 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing, Processing and TRA	1,647	7,028	0	5,063	0	3,379	0	0	151,562	0	33,041	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	14,078	60,075	54	40,100	0	37,064	0	12	13,743	0	142,293	0
50.00 Physical Therapy	15,997	68,263	409	45,771	0	9,783	0	0	83	0	18,498	0
51.00 Occupational Therapy	1,057	4,510	0	3,645	0	1,109	0	0	0	0	2,545	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	2,123	0
53.00 Electrocardiology	5,213	22,243	0	0	0	4,185	0	0	52	0	34,436	0
54.00 Electroencephalography	0	0	0	6,076	0	1,639	0	0	103	0	3,899	0
55.00 Medical Supplies Charged to Patients	62,675	267,446	0	0	0	0	0	0	716,298	0	234,253	0
56.00 Drugs Charged to Patients	2,088	8,910	0	0	0	0	0	0	24,624	2,833,409	278,661	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	17,217	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiac Catheterization Laboratory	2,981	12,720	6,553	10,126	0	14,548	0	9,382	1,087	0	84,380	0
59.01 Cardiac Therapy Center	8,871	37,853	861	15,797	0	2,698	0	4,370	79	0	2,020	0
59.03 Magnetic Resonance Imaging	0	0	0	0	0	3,127	0	15	77	0	40,676	0
59.04 CAT SCAN	1,760	7,509	10,659	2,228	0	8,926	0	15	213	99	126,419	0
59.05 Pulmonary Function Testing	0	0	0	7,899	0	4,992	0	0	1,269	0	50,723	0
59.06 Gastro Intestinal Services	5,721	24,411	9,695	12,152	0	17,045	0	29,274	1,866	0	40,515	0
59.07 Vascular Lab	1,596	6,809	2,313	12,152	0	0	0	0	0	0	25,180	0
59.08 Surgical Day Care	39,480	168,467	0	0	0	18,986	0	41,683	1,688	0	2,166	0
59.09 Lithotripsy	0	0	0	0	0	0	0	0	16	0	400	0
59.11 Hyperbaric Center	0	0	6,415	0	0	6,354	0	2,954	5,681	2,421	81	0
60.00	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	39,618	169,059	133,712	118,478	0	86,383	0	152,563	1,995	0	108,159	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 and Canteen	2,873	12,260	0	2,025	0	0	0	0	0	0	0	0
96.01 Fund Development	0	0	0	0	0	4,135	0	0	0	0	0	0
96.02 PT Compl and Guest Tray	0	0	0	0	0	0	0	0	0	0	0	0
96.03 Clinical Train Nurse	282	1,204	0	0	0	0	0	0	0	0	0	0
96.04 Surgical Day Care Meals	0	0	0	0	14,029	0	0	0	0	0	0	0
96.05 Nonreimbursable Meals	877	3,744	0	14,177	0	236,354	0	0	0	0	0	0
96.07 Phys Referral	416	1,773	0	0	0	0	0	0	0	0	0	0
96.08 Community Education	11,795	50,332	0	0	0	13,817	0	13,539	554	2,656	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1,099,055	4,369,252	790,128	1,547,701	1,599,276	1,303,908	0	1,507,428	1,068,469	2,843,683	2,494,236	511,295

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

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	4,825,923		4,825,923
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	3,307,725		3,307,725
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	4,673,111		4,673,111
44.01 Laboratory - Clinical	0	0	0	0	0	0	0	0	5,215,202		5,215,202
44.02 Laboratory - Pathological	0	0	0	0	0	0	0	0	505,087		505,087
44.03 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
44.04 Radioisotope	0	0	0	0	0	0	0	0	0		0
44.05 Laboratory	0	0	0	0	0	0	0	0	0		0
45.00 Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00 Blood Storing, Processing and TRA	0	0	0	0	0	0	0	0	2,065,951		2,065,951
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	2,284,294		2,284,294
50.00 Physical Therapy	0	0	0	0	0	0	0	0	709,956		709,956
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	69,953		69,953
52.00 Speech Pathology	0	0	0	0	0	0	0	0	41,676		41,676
53.00 Electrocardiology	0	0	0	0	0	0	0	0	212,450		212,450
54.00 Electroencephalography	0	0	0	0	0	0	0	0	86,654		86,654
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	10,006,636		10,006,636
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	7,949,794		7,949,794
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	752,483		752,483
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00 Cardiac Catherization Laboratory	0	0	0	0	0	0	0	0	1,745,987		1,745,987
59.01 Cardiac Therapy Center	0	0	0	0	0	0	0	0	268,631		268,631
59.03 Magnetic Resonance Imaging	0	0	0	0	0	0	0	0	371,333		371,333
59.04 CAT SCAN	0	0	0	0	0	0	0	0	770,665		770,665
59.05 Pulmonary Function Testing	0	0	0	0	0	0	0	0	388,836		388,836
59.06 Gastro Intestinal Services	0	0	0	0	0	0	0	0	1,168,076		1,168,076
59.07 Vascular Lab	0	0	0	0	0	0	0	0	323,608		323,608
59.08 Surgical Day Care	0	0	0	0	0	0	0	0	1,729,415		1,729,415
59.09 Lithotripsy	0	0	0	0	0	0	0	0	589		589
59.11 Hyperbaric Center	0	0	0	0	0	0	0	0	762,931		762,931
60.00	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	0	0	0	6,788,859		6,788,859
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 and Canteen	0	0	0	0	0	0	0	0	34,391		34,391
96.01 Fund Development	0	0	0	0	0	0	0	0	776,957		776,957
96.02 PT Compl and Guest Tray	0	0	0	0	0	0	0	0	0		0
96.03 Clinical Train Nurse	0	0	0	0	0	0	0	0	3,179		3,179
96.04 Surgical Day Care Meals	0	0	0	0	0	0	0	0	14,029		14,029
96.05 Nonreimbursable Meals	0	0	0	0	0	0	0	0	260,414		260,414
96.07 Phys Referral	0	0	0	0	0	0	0	0	4,681		4,681
96.08 Community Education	0	0	0	0	0	0	0	0	1,497,109		1,497,109
99.05	0	0	0	0	0	0	0	0	0		0
100.00	0	0	0	0	0	0	0	0	0		0
100.01	0	0	0	0	0	0	0	0	0		0
100.02	0	0	0	0	0	0	0	0	0		0
100.03	0	0	0	0	0	0	0	0	0		0
100.04	0	0	0	0	0	0	0	0	0		0
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>92,393,823</u>	<u>0</u>	<u>92,393,823</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	EMP BENE (GROSS SALARIES)	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT)							
	5.00 (Adj)	6.01 (Adj)	6.02 (Adj)	6.03 (Adj)	6.04 (Adj)	6.05 (Adj)	6.06 (Adj)	6.07 (Adj)	6.08 (Adj)			7.00 (Adj)
ANCILLARY COST CENTERS												
37.00	Operating Room	1,955,899									3,255,040	12,709
38.00	Recovery Room										0	
39.00	Delivery Room and Labor Room	1,593,932									2,256,469	9,321
40.00	Anesthesiology										0	
41.00	Radiology - Diagnostic	1,834,283									3,252,056	14,808
44.01	Laboratory - Clinical	1,863,403									3,820,512	4,072
44.02	Laboratory - Pathological	130,584									355,703	1,783
44.03	Radiology - Therapeutic										0	
44.04	Radioisotope										0	
44.05	Laboratory										0	
45.00	Pathological Lab										0	
46.00	Whole Blood										0	
47.00	Blood Storing, Processing and TRA	127,927									1,543,842	321
48.00	Intravenous Therapy										0	
49.00	Respiratory Therapy	1,137,688									1,637,127	2,744
50.00	Physical Therapy	311,927									456,430	3,118
51.00	Occupational Therapy	35,076									47,276	206
52.00	Speech Pathology										32,755	
53.00	Electrocardiology	64,165									121,174	1,016
54.00	Electroencephalography	33,502									62,058	
55.00	Medical Supplies Charged to Patients										7,226,308	12,216
56.00	Drugs Charged to Patients										3,976,806	407
57.00	Renal Dialysis										608,902	
58.00	ASC (Non-Distinct Part)										0	
59.00	Cardiac Catherization Laboratory	632,319									1,328,507	581
59.01	Cardiac Therapy Center	92,090									162,383	1,729
59.03	Magnetic Resonance Imaging	104,407									271,165	
59.04	CAT SCAN	330,019									507,514	343
59.05	Pulmonary Function Testing	175,676									268,278	
59.06	Gastro Intestinal Services	629,972									850,828	1,115
59.07	Vascular Lab										228,201	311
59.08	Surgical Day Care	790,228									1,206,552	7,695
59.09	Lithotripsy										143	
59.11	Hyperbaric Center	121,296									612,016	
60.00											0	
61.00	Emergency	3,293,296									4,951,353	7,722
85.00											0	
86.00											0	
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen										14,271	560
96.01	Fund Development	94,839									640,004	
96.02	PT Compl and Guest Tray										0	
96.03	Clinical Train Nurse										1,402	55
96.04	Surgical Day Care Meals										0	
96.05	Nonreimbursable Meals										4,358	171
96.07	Phys Referral										2,064	81
96.08	Community Education	411,935									1,163,051	2,299
99.05											0	
100.00											0	
100.01											0	
100.02											0	
100.03											0	
100.04											0	
TOTAL	44,200,489	0	0	0	0	0	0	0	0	0	76,514,896	214,217
COST TO BE ALLOCATED	5,422,545	0	0	0	0	0	0	0	0	0	15,878,927	1,099,055
UNIT COST MULTIPLIER - SCH 8	0.122681	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.207527	5.130566

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE- KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (INPATIENT REVENUE)	SOC SERV (PATIENT DAYS)	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)	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	
ANCILLARY COST CENTERS													
37.00	Operating Room	12,709	57,454	1,000			2,272		29,433	136,386		9,209,304	
38.00	Recovery Room												
39.00	Delivery Room and Labor Room	9,321	37,981	564			1,878		27,610	19,166		3,172,289	
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	14,808	34,360	396			2,566		7,367	62,002	6,742	9,452,440	
44.01	Laboratory - Clinical	4,072	22	92			2,720			737,163		23,186,703	
44.02	Laboratory - Pathological	1,783	243	46			279			27,455		554,307	
44.03	Radiology - Therapeutic												
44.04	Radioisotope												
44.05	Laboratory												
45.00	Pathological Lab												
46.00	Whole Blood												
47.00	Blood Storing, Processing and TRA	321		25			134			1,343,308		2,383,820	
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	2,744	52	198		1,470		4	121,807			10,266,029	
50.00	Physical Therapy	3,118	395	226		388			733			1,334,604	
51.00	Occupational Therapy	206		18		44						183,611	
52.00	Speech Pathology											153,197	
53.00	Electrocardiology	1,016				166			459			2,484,488	
54.00	Electroencephalography			30		65			912			281,336	
55.00	Medical Supplies Charged to Patients	12,216							6,348,625			16,900,669	
56.00	Drugs Charged to Patients	407							218,246	3,747,258		20,104,604	
57.00	Renal Dialysis											1,242,162	
58.00	ASC (Non-Distinct Part)												
59.00	Cardiac Catherization Laboratory	581	6,333	50		577		3,081	9,631			6,087,790	
59.01	Cardiac Therapy Center	1,729	832	78		107		1,435	700			145,751	
59.03	Magnetic Resonance Imaging					124		5	683			2,934,631	
59.04	CAT SCAN	343	10,301	11		354		5	1,892	131		9,120,769	
59.05	Pulmonary Function Testing					198			11,250			3,659,518	
59.06	Gastro Intestinal Services	1,115	9,369	60		676		9,613	16,542			2,923,075	
59.07	Vascular Lab	311	2,235	60								1,816,638	
59.08	Surgical Day Care	7,695				753		13,688	14,961			156,297	
59.09	Lithotripsy								143			28,890	
59.11	Hyperbaric Center		6,199			252		970	50,348	3,202		5,837	
60.00													
61.00	Emergency	7,722	129,215	585		3,426		50,099	17,681			7,803,391	
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen	560		10									
96.01	Fund Development					164							
96.02	PT Compl and Guest Tray												
96.03	Clinical Train Nurse	55											
96.04	Surgical Day Care Meals						1,324						
96.05	Nonreimbursable Meals	171		70		9,374							
96.07	Phys Referral	81											
96.08	Community Education	2,299				548		4,446	4,907	3,513			
99.05													
100.00													
100.01													
100.02													
100.03													
100.04													
TOTAL		199,572	763,556	7,642	150,935	51,714	0	495,013	9,469,957	3,760,846	179,952,072	36,874	0
COST TO BE ALLOCATED		4,369,252	790,128	1,547,701	1,599,276	1,303,908	0	1,507,428	1,068,469	2,843,683	2,494,236	511,295	0
UNIT COST MULTIPLIER - SCH 8		21.893110	1.034800	202.525648	10.595792	25.213822	0.000000	3.045229	0.112827	0.756129	0.013861	13.866006	0.000000

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(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							
5.00							
6.01							
6.01							
6.02							
6.02							
6.03							
6.03							
6.04							
6.04							
6.05							
6.05							
6.06							
6.06							
6.07							
6.07							
6.08							
6.08							
6.00							
6.00							
7.00							
7.00							
8.00							
8.00							
9.00							
9.00							
10.00							
10.00							
11.00							
11.00							
12.00							
12.00							
13.00							
13.00							
14.00							
14.00							
15.00							
15.00							
16.00							
16.00							
17.00							
17.00							
18.00							
18.00							
19.00							
19.00							
19.02							
19.02							
19.03							
19.03							
20.00							
20.00							
21.00							
21.00							
22.00							
22.00							
23.00							
23.00							
24.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00							
25.00							
26.02							
26.02							
27.00							
27.00							
28.00							
28.00							
29.00							
29.00							
30.00							
30.00							
31.00							
31.00							
32.00							
32.00							
33.00							
33.00							
34.00							
34.00							
35.00							
35.00							
36.00							
36.00							
36.01							
36.01							
36.02							
36.02							

TRIAL BALANCE OF EXPENSES

Provider Name:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	GENERAL SERVICE COST CENTERS	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
1.00	Old Cap Rel Costs-Bldg and Fixtures	\$	\$	0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg and Fixtures	3,341,355	0	3,341,355
4.00	New Cap Rel Costs-Movable Equipment	3,063,341	0	3,063,341
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	5,370,534	0	5,370,534
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	14,537,999	0	14,537,999
7.00	Maintenance and Repairs	465,170	0	465,170
8.00	Operation of Plant	3,080,832	0	3,080,832
9.00	Laundry and Linen Service	324,295	0	324,295
10.00	Housekeeping	1,064,144	0	1,064,144
11.00	Dietary	1,006,553	0	1,006,553
12.00	Cafeteria	556,566	0	556,566
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	902,351	0	902,351
15.00	Central Services and Supply	454,433	0	454,433
16.00	Pharmacy	2,047,717	0	2,047,717
17.00	Medical Records and Library	1,562,144	0	1,562,144
18.00	Social Service	355,817	0	355,817
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 and Res Service-Salary and Fringes		0	0
23.00	Intern and Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics (Gen Routine)	11,977,214	0	11,977,214
26.02	Special Care Unit	4,843,186	0	4,843,186
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	685,463	0	685,463
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:
BEVERLY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
ANCILLARY COST CENTERS			
37.00 Operating Room	\$ 2,691,222	\$ 0	\$ 2,691,222
38.00 Recovery Room		0	0
39.00 Delivery Room and Labor Room	1,823,394	0	1,823,394
40.00 Anesthesiology		0	0
41.00 Radiology - Diagnostic	2,649,668	0	2,649,668
44.01 Laboratory - Clinical	3,488,140	0	3,488,140
44.02 Laboratory - Pathological	294,246	0	294,246
44.03 Radiology - Therapeutic		0	0
44.04 Radiotope		0	0
44.05 Laboratory		0	0
45.00 Pathological Lab		0	0
46.00 Whole Blood		0	0
47.00 Blood Storing, Processing and TRA	1,519,968	0	1,519,968
48.00 Intravenous Therapy		0	0
49.00 Respiratory Therapy	1,427,628	0	1,427,628
50.00 Physical Therapy	338,706	0	338,706
51.00 Occupational Therapy	37,723	0	37,723
52.00 Speech Pathology	32,755	0	32,755
53.00 Electrocardiology	87,411	0	87,411
54.00 Electroencephalography	57,948	0	57,948
55.00 Medical Supplies Charged to Patients	6,915,004	0	6,915,004
56.00 Drugs Charged to Patients	3,966,434	0	3,966,434
57.00 Renal Dialysis	608,902	0	608,902
58.00 ASC (Non-Distinct Part)		0	0
59.00 Cardiac Catheterization Laboratory	1,236,128	0	1,236,128
59.01 Cardiac Therapy Center	107,025	0	107,025
59.03 Magnetic Resonance Imaging	258,356	0	258,356
59.04 CAT SCAN	458,286	0	458,286
59.05 Pulmonary Function Testing	246,726	0	246,726
59.06 Gastro Intestinal Services	745,129	0	745,129
59.07 Vascular Lab	220,276	0	220,276
59.08 Surgical Day Care	913,512	0	913,512
59.09 Lithotripsy	143	0	143
59.11 Hyperbaric Center	597,135	0	597,135
60.00		0	0
61.00 Emergency	4,350,547	0	4,350,547
85.00		0	0
86.00		0	0
	\$ 90,711,526	\$ 0	\$ 90,711,526
NONREIMBURSABLE COST CENTERS			
96.00 Gift, Flower, Coffee Shop and Canteen		0	0
96.01 Fund Development	628,369	0	628,369
96.02 PT Compl and Guest Tray		0	0
96.03 Clinical Train Nurse		0	0
96.04 Surgical Day Care Meals		0	0
96.05 Nonreimbursable Meals		0	0
96.07 Phys Referral		0	0
96.08 Community Education	1,053,928	0	1,053,928
99.05		0	0
100.00		0	0
100.01		0	0
100.02		0	0
100.03		0	0
100.04		0	0
100.99	\$ 1,682,297	\$ 0	\$ 1,682,297
101	\$ 92,393,823	\$ 0	\$ 92,393,823
TOTAL			

(To Schedule 8)

Provider Name:

Fiscal Period Ended:

BEVERLY COMMUNITY HOSPITAL

DECEMBER 31, 2009

	TOTAL ADJ (Page 1 & 2)	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												
44.01 Laboratory - Clinical	0												
44.02 Laboratory - Pathological	0												
44.03 Radiology - Therapeutic	0												
44.04 Radioisotope	0												
44.05 Laboratory	0												
45.00 Pathological Lab	0												
46.00 Whole Blood	0												
47.00 Blood Storing, Processing and TRA	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 Cardiac Catherization Laboratory	0												
59.01 Cardiac Therapy Center	0												
59.03 Magnetic Resonance Imaging	0												
59.04 CAT SCAN	0												
59.05 Pulmonary Function Testing	0												
59.06 Gastro Intestinal Services	0												
59.07 Vascular Lab	0												
59.08 Surgical Day Care	0												
59.09 Lithotripsy	0												
59.11 Hyperbaric Center	0												
60.00	0												
61.00 Emergency	0												
85.00	0												
86.00	0												
NONREIMBURSABLE COST CENTERS													
96.00 Gift, Flower, Coffee Shop and Canteen	0												
96.01 Fund Development	0												
96.02 PT Compl and Guest Tray	0												
96.03 Clinical Train Nurse	0												
96.04 Surgical Day Care Meals	0												
96.05 Nonreimbursable Meals	0												
96.07 Phys Referral	0												
96.08 Community Education	0												
99.05	0												
100.00	0												
100.01	0												
100.02	0												
100.03	0												
100.04	0												
101.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name							Fiscal Period			Provider Number		Adjustments
BEVERLY COMMUNITY HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009			1184628919		10
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT												
1	4A	Not Reported				Medi-Cal Administrative Days(April 1, 2009 through November 30, 2009)	0	65	65 *			
	4A	Not Reported				Medi-Cal Administrative Day Rate(April 1, 2009 through November 30, 2009)	\$0.00	\$310.68	\$310.68			
2	4A	Not Reported				Medi-Cal Administrative Days(December 1, 2009 through December 31, 2009)	0	49	49			
	4A	Not Reported				Medi-Cal Administrative Day Rate(December 1, 2009 through December 31, 2009)	\$0.00	\$351.26	\$351.26			
3	6	Not Reported				Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$3,972	\$3,972			
	6	Not Reported				Medi-Cal Ancillary Charges - Laboratory - Clinical	0	16,888	16,888			
	6	Not Reported				Medi-Cal Ancillary Charges - Physical Therapy	0	5,844	5,844			
	6	Not Reported				Medi-Cal Ancillary Charges - Occupational Therapy	0	1,839	1,839			
	6	Not Reported				Medi-Cal Ancillary Charges - Speech Pathology	0	1,363	1,363			
	6	Not Reported				Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	70,183	70,183			
	6	Not Reported				Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	0	17,546	17,546			
	6	Not Reported				Medi-Cal Ancillary Charges - Total	0	117,635	117,635			
4	2	Not Reported				Medi-Cal Routine Service Charges	\$0	\$100,206	\$100,206			
	2	Not Reported				Medi-Cal Ancillary Service Charges	0	117,635	117,635			
5	1	Not Reported				Medi-Cal Interim Payments	\$0	\$92,663	\$92,663			
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: June 28, 2011 Payment Period: January 1, 2009 through May 31, 2011 Service Period: January 1, 2009 through December 31, 2009 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51542												
6	4A	Not Reported				Medi-Cal Administrative Days(April 1, 2009 through November 30, 2009)	*	65	(2)	63		
To eliminate administrative days for consistency of late penalties applied to routine charges. 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 / CMS Pub. 15-1, Sections 2304 and 2408												

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider Number		Adjustments
BEVERLY COMMUNITY HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1184628919		10
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
7	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	7,754	(1,357)	6,397
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	1,254	(105)	1,149
	Contract 4A	D-1	II	XIX	43.02	4	Medi-Cal Days - Special Care Unit	1,138	(102)	1,036
8	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$1,091,791	\$59	\$1,091,850
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	1,405,279	(406,570)	998,709
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,979,899	(256,995)	1,722,904
	Contract 6	D-4		XIX	44.01	2	Medi-Cal Ancillary Charges - Laboratory - Clinical	5,123,764	91,026	5,214,790
	Contract 6	D-4		XIX	44.02	2	Medi-Cal Ancillary Charges - Laboratory - Pathological	114,613	42,907	157,520
	Contract 6	D-4		XIX	47.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing and TRA	546,526	(294,281)	252,245
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	2,501,185	(626,484)	1,874,701
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	204,785	(67,813)	136,972
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	33,489	(9,300)	24,189
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	28,248	1,034	29,282
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	462,336	65,121	527,457
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	63,472	(8,150)	55,322
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	2,290,212	364,349	2,654,561
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	5,201,101	(715,074)	4,486,027
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	345,313	(206,525)	138,788
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catherization Laboratory	742,208	(240,644)	501,564
	Contract 6	D-4		XIX	59.01	2	Medi-Cal Ancillary Charges - Cardiac Therapy Center	25,413	(19,496)	5,917
	Contract 6	D-4		XIX	59.03	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	659,279	(199,433)	459,846
	Contract 6	D-4		XIX	59.04	2	Medi-Cal Ancillary Charges - CAT SCAN	1,925,811	(304,073)	1,621,738
	Contract 6	D-4		XIX	59.05	2	Medi-Cal Ancillary Charges - Pulmonary Function Testing	851,850	(549,269)	302,581
	Contract 6	D-4		XIX	59.06	2	Medi-Cal Ancillary Charges - Gastro Intestinal Services	527,196	(62,192)	465,004
	Contract 6	D-4		XIX	59.07	2	Medi-Cal Ancillary Charges - Vascular Lab	357,826	(357,826)	0
	Contract 6	D-4		XIX	59.08	2	Medi-Cal Ancillary Charges - Surgical Day Care	17,507	(17,507)	0
	Contract 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	1,705,421	(229,561)	1,475,860
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	28,204,524	(4,006,697)	24,197,827
9	Contract 2	E-3	III	XIX	10.00	1	Routine Service Charges - Total	\$10,564,172	(\$1,239,260)	\$9,324,912
	Contract 2	E-3	III	XIX	11.00	1	Ancillary Service Charges - Total	28,204,524	(4,006,697)	24,197,827

- Continued on next page -

Provider Name							Fiscal Period		Provider Number		Adjustments
BEVERLY COMMUNITY HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		1184628919		10
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 MEDI-CAL SETTLEMENT DATA - CONTRACT</u>											
- Continued from previous page -											
10	Contract 3	E-3	III	XIX	33.00	1	Patient and Third Party Liability	\$0	\$34,998	\$34,998	
	Contract 3	E-3	III	XIX	36.00	1	Coinsurance	0	442,341	442,341	
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: June 28, 2011 Payment Period: January 1, 2009 through May 31, 2011 Service Period: January 1, 2009 through December 31, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2304 and 2408 CCR, Title 22, Section 51541											