

**REPORT
ON THE
COST REPORT REVIEW**

**DAMERON HOSPITAL
STOCKTON, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1538163886**

**FISCAL PERIOD ENDED
DECEMBER 31, 2009**

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

**Section Chief: Robert G. Kwick
Audit Supervisor: Kelly Ostrom
Auditor: David Pereira**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 28, 2013

Bill Chase
Director of Finance
Dameron Hospital
525 W. Acacia Street
Stockton, CA 95203

DAMERON HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1538163886
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 settlement for the fiscal period due the State in the amount of \$106,143 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s)

of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

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:

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Sacramento at (916) 650-6994.

Original Signed By

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

Certified

SUMMARY OF FINDINGS

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1538163886		
Reported	\$ 0	
Net Change	\$ (80,059)	
Audited Amount Due Provider (State)	\$ (80,059)	
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: 1538163886		
Reported		\$ 19,210,734
Net Change		\$ (3,901,568)
Audited Cost		\$ 15,309,165
Audited Amount Due Provider (State)	\$ (26,084)	
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)	\$ (106,143)	
9. Total Medi-Cal Cost		\$ 15,309,165

SUMMARY OF FINDINGS

Provider Name:
DAMERON 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)		\$ (106,143)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 180,896
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	\$ 180,896
6. Interim Payments (Adj 6)		\$ 0	\$ (260,955)
7. Balance Due Provider (State)		\$ 0	\$ (80,059)
8. Duplicate Payments (Adj)		\$ 0	\$ 0
9.	\$	\$ 0	0
10.	\$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (80,059)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
DAMERON HOSPITALFiscal Period Ended:
DECEMBER 31, 2009Provider NPI:
1538163886

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>0</u>	\$ <u>180,896</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 5)	\$ <u>0</u>	\$ <u>135,938</u>
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3. Inpatient Ancillary Service Charges (Adj 5)	\$ <u>0</u>	\$ <u>322,754</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>458,692</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>277,796</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
DAMERON HOSPITALFiscal Period Ended:
DECEMBER 31, 2009Provider NPI:
1538163886

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 2)	43,740	39,366
2. Inpatient Days (include private, exclude swing-bed)	43,740	39,366
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 2)	43,740	39,366
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)	\$ 40,227,630	\$ 40,227,335
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)	\$ 40,227,630	\$ 40,227,335

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 177,803,709	\$ 177,803,709
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 177,803,709	\$ 177,803,709
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.226247	\$ 0.226246
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 4,065.01	\$ 4,516.68
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)	\$ 40,227,630	\$ 40,227,335

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 919.70	\$ 1,021.88
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 135,936
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 135,936

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
DAMERON HOSPITALFiscal Period Ended:
DECEMBER 31, 2009Provider NPI:
1538163886

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 642,192	\$ 642,194
2. Total Inpatient Days (Adj)	3,137	3,137
3. Average Per Diem Cost	\$ 204.72	\$ 204.72
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 7,367,865	\$ 7,367,879
7. Total Inpatient Days (Adj)	3,658	3,658
8. Average Per Diem Cost	\$ 2,014.18	\$ 2,014.18
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)	\$ 6,200,009	\$ 6,200,025
12. Total Inpatient Days (Adj)	3,239	3,239
13. Average Per Diem Cost	\$ 1,914.17	\$ 1,914.18
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)	\$ 6,900,876	\$ 6,900,880
17. Total Inpatient Days (Adj 2)	348	4,722
18. Average Per Diem Cost	\$ 19,830.10	\$ 1,461.43
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 3)	\$ 0.00	\$ 350.35
27. Medi-Cal Inpatient Days (Adj 3)	0	388
28. Cost Applicable to Medi-Cal	\$ 0	\$ 135,936
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 135,936

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

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:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

		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	\$ 9,096,664	\$ 89,110,607	0.102083	\$ 0	\$ 0
38.00	Recovery Room	1,092,049	6,689,707	0.163243	0	0
39.00	Delivery Room and Labor Room	7,057,365	30,205,492	0.233645	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	3,912,169	23,002,731	0.170074	16,294	2,771
41.01	Ultrasound	1,079,082	6,807,877	0.158505	6,463	1,024
41.02	CT Scan	1,582,724	48,780,791	0.032446	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	1,062,941	10,919,374	0.097345	3,346	326
44.00	Laboratory	9,342,459	78,297,240	0.119320	85,948	10,255
44.01	Pathological Lab	353,166	990,216	0.356656	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	2,062,910	1,843,161	1.119224	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	5,551,668	73,119,273	0.075926	0	0
50.00	Physical Therapy	1,379,461	2,618,901	0.526733	6,327	3,333
51.00	Occupational Therapy	98,837	431,410	0.229102	224	51
52.00	Speech Pathology	125,212	513,361	0.243907	1,051	256
53.00	Electrocardiology	814,237	12,330,257	0.066036	0	0
54.00	Electroencephalography	92,096	46,984	1.960153	0	0
55.00	Medical Supplies Charged to Patients	18,740,021	82,800,423	0.226328	0	0
56.00	Drugs Charged to Patients	8,717,558	65,712,231	0.132663	203,101	26,944
57.00	Renal Dialysis	961,123	9,023,889	0.106509	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00	Endoscopy	1,337,188	8,959,639	0.149246	0	0
59.01		0	0	0.000000	0	0
59.02	Cardiac Cath Lab	3,061,632	36,547,446	0.083771	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	652,916	1,287,613	0.507074	0	0
60.02	Short Stay Surgery	863,496	1,851,771	0.466308	0	0
61.00	Emergency	9,202,045	73,755,628	0.124764	0	0
61.02	Occupational Health Medicine	1,730,539	1,358,332	1.274018	0	0
62.00	Observation Beds (Non-District Part)	0	0	0.000000	0	0
71.00	Home Health Agency	1,640,028	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 91,609,589	\$ 667,004,354		\$ 322,754	\$ 44,960

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 19,210,734	\$ 15,309,165
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)	\$ 19,210,734	\$ 15,309,165
6.	\$	\$ 0	\$ 0
7.		\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 19,210,734	\$ 15,309,165
(To Summary of Findings)			
9.	Medi-Cal Overpayments (Adj 11)	\$ 0	\$ (26,084)
10.	Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0
11.		\$ 0	\$ 0
12.		\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (26,084)
(To Summary of Findings)			

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

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>19,210,734</u>	\$ <u>15,767,062</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9)	\$ <u>28,571,698</u>	\$ <u>40,625,376</u>
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3. Inpatient Ancillary Service Charges (Adj 9)	\$ <u>38,188,547</u>	\$ <u>53,122,482</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>66,760,245</u>	\$ <u>93,747,858</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>47,549,511</u>	\$ <u>77,980,796</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:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 2)	43,740	39,366
2. Inpatient Days (include private, exclude swing-bed)	43,740	39,366
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 2)	43,740	39,366
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)	9,738	5,664

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)	\$ 40,227,630	\$ 40,227,335
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)	\$ 40,227,630	\$ 40,227,335

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 177,803,709	\$ 177,803,709
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 177,803,709	\$ 177,803,709
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.226247	\$ 0.226246
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 4,065.01	\$ 4,516.68
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)	\$ 40,227,630	\$ 40,227,335

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 919.70	\$ 1,021.88
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 8,956,039	\$ 5,787,928
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 5,218,295	\$ 2,606,017
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 14,174,334	\$ 8,393,945

(To Contract Sch 3)

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

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 642,192	\$ 642,194
2. Total Inpatient Days (Adj)	3,137	3,137
3. Average Per Diem Cost	\$ 204.72	\$ 204.72
4. Medi-Cal Inpatient Days (Adj 7)	1,814	2,103
5. Cost Applicable to Medi-Cal	\$ 371,362	\$ 430,526
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 7,367,865	\$ 7,367,879
7. Total Inpatient Days (Adj)	3,658	3,658
8. Average Per Diem Cost	\$ 2,014.18	\$ 2,014.18
9. Medi-Cal Inpatient Days (Adj 7)	561	620
10. Cost Applicable to Medi-Cal	\$ 1,129,955	\$ 1,248,792
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 6,200,009	\$ 6,200,025
12. Total Inpatient Days (Adj)	3,239	3,239
13. Average Per Diem Cost	\$ 1,914.17	\$ 1,914.18
14. Medi-Cal Inpatient Days (Adj 7)	305	378
15. Cost Applicable to Medi-Cal	\$ 583,822	\$ 723,560
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 6,900,876	\$ 6,900,880
17. Total Inpatient Days (Adj 2)	348	4,722
18. Average Per Diem Cost	\$ 19,830.10	\$ 1,461.43
19. Medi-Cal Inpatient Days (Adj 7)	158	139
20. Cost Applicable to Medi-Cal	\$ 3,133,156	\$ 203,139
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)	\$ 5,218,295	\$ 2,606,017

(To Contract Sch 4)

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

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

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:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1538163886

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
37.00	Operating Room	\$ 2,551,365	\$ 3,131,384	\$ 5,682,749
38.00	Recovery Room	134,464	302,430	436,894
39.00	Delivery Room and Labor Room	4,614,658	(2,843,686)	1,770,972
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic	945,898	301,822	1,247,720
41.01	Ultrasound	456,647	165,570	622,217
41.02	CT Scan	1,460,103	970,235	2,430,338
42.00	Radiology - Therapeutic			0
43.00	Radioisotope	556,432	259,091	815,523
44.00	Laboratory	4,840,970	4,497,216	9,338,186
44.01	Pathological Lab	45,611	11,190	56,801
46.00	Whole Blood			0
47.00	Blood Storing and Processing	138,680	698,932	837,612
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	8,969,948	1,974,232	10,944,180
50.00	Physical Therapy	43,320	552,065	595,385
51.00	Occupational Therapy	4,554	2,240	6,794
52.00	Speech Pathology	34,347	34,196	68,543
53.00	Electrocardiology	625,986	(298,727)	327,259
54.00	Electroencephalography	4,716	2,639	7,355
55.00	Medical Supplies Charged to Patients	2,055,907	1,582,002	3,637,909
56.00	Drugs Charged to Patients	6,439,365	2,386,938	8,826,303
57.00	Renal Dialysis	836,216	370,511	1,206,727
58.00	ASC (Non-Distinct Part)			0
59.00	Endoscopy	445,687	(257,261)	188,426
59.01				0
59.02	Cardiac Cath Lab	1,309,694	917,167	2,226,861
59.03				0
60.00	Clinic	82,979	(82,979)	0
60.02	Short Stay Surgery			0
61.00	Emergency	1,591,000	256,728	1,847,728
61.02	Occupational Health Medicine			0
62.00	Observation Beds (Non-District Part)			0
71.00	Home Health Agency			0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 38,188,547	\$ 14,933,935	\$ 53,122,482

(To Contract Sch 5)

Provider Name:
DAMERON 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	79,537	0	0	0	0	0	0	0	0	6,677,207	854,631
38.00	Recovery Room	0	12,028	0	0	0	0	0	0	0	0	816,818	104,546
39.00	Delivery Room and Labor Room	0	70,628	0	0	0	0	0	0	0	0	5,227,476	669,077
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	31,571	0	0	0	0	0	0	0	0	2,877,971	368,358
41.01	Ultrasound	0	10,779	0	0	0	0	0	0	0	0	829,514	106,171
41.02	CT Scan	0	12,302	0	0	0	0	0	0	0	0	1,103,290	141,213
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	4,912	0	0	0	0	0	0	0	0	642,850	82,280
44.00	Laboratory	0	73,498	0	0	0	0	0	0	0	0	7,617,793	975,019
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	268,389	34,352
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	1,442,990	184,692
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	59,246	0	0	0	0	0	0	0	0	4,504,552	576,548
50.00	Physical Therapy	0	2	0	0	0	0	0	0	0	0	1,030,887	131,946
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	85,307	10,919
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	109,535	14,020
53.00	Electrocardiology	0	4,990	0	0	0	0	0	0	0	0	623,407	79,791
54.00	Electroencephalography	0	857	0	0	0	0	0	0	0	0	66,614	8,526
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	13,017,839	1,666,183
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	4,453,895	570,064
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	804,722	102,998
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Endoscopy	0	13,379	0	0	0	0	0	0	0	0	964,901	123,500
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02	Cardiac Cath Lab	0	28,675	0	0	0	0	0	0	0	0	2,359,061	301,942
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	7,677	0	0	0	0	0	0	0	0	504,265	64,542
60.02	Short Stay Surgery	0	6,243	0	0	0	0	0	0	0	0	580,759	74,333
61.00	Emergency	0	73,398	0	0	0	0	0	0	0	0	6,801,786	870,576
61.02	Occupational Health Medicine	0	11,462	0	0	0	0	0	0	0	0	1,212,141	155,145
62.00	Observation Beds (Non-District Part)	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	0	17,930	0	0	0	0	0	0	0	0	1,304,807	167,005
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	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
97.01	Dameron Foundation	0	0	0	0	0	0	0	0	0	0	6,292	805
97.02	Linacia Pharmacy	0	0	0	0	0	0	0	0	0	0	2,142,710	274,250
97.03	Dameron Clids Door Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	Occup Med-Tracy	0	0	0	0	0	0	0	0	0	0	442	57
99.02	Dameron Home Medical Equip	0	0	0	0	0	0	0	0	0	0	0	0
99.03	Community Outreach	0	486	0	0	0	0	0	0	0	0	50,006	6,400
99.04	Public Relations	0	0	0	0	0	0	0	0	0	0	128,714	16,474
99.05	Space Rental	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		<u>0</u>	<u>1,456,059</u>	<u>0</u>	<u>155,636,879</u>	<u>17,659,980</u>							

Provider Name:
DAMERON 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	58,820	131,795	23,503	298,079	0	171,835	0	415,618	177,319	0	287,857	0
38.00 Recovery Room	12,342	27,655	23,503	0	0	23,095	0	60,887	1,592	0	21,610	0
39.00 Delivery Room and Labor Room	44,822	100,432	8,419	352,569	0	141,523	0	352,432	63,040	0	97,574	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	42,101	94,336	227,366	56,960	0	98,274	0	63,065	9,431	0	74,307	0
41.01 Ultrasound	8,371	18,757	39,521	16,376	0	24,822	0	11,754	1,803	0	21,992	0
41.02 CT Scan	5,810	13,017	82,947	0	0	29,332	0	26,829	22,708	0	157,578	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	14,402	32,269	22,862	54,615	0	11,302	0	3,172	871	163,046	35,273	0
44.00 Laboratory	56,062	125,616	0	43,558	0	223,345	0	0	47,585	0	253,483	0
44.01 Pathological Lab	14,573	32,654	0	0	0	0	0	0	0	0	3,199	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	3,187	7,140	0	0	0	0	0	0	419,503	0	5,398	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	10,516	23,563	0	16,376	0	148,041	0	0	35,872	0	236,200	0
50.00 Physical Therapy	54,726	122,623	0	25,716	0	4	0	14	5,087	0	8,460	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,217	0	1,394	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	1,658	0
53.00 Electrocardiology	2,525	5,657	31,736	0	0	13,309	0	17,658	322	0	39,831	0
54.00 Electroencephalography	4,094	9,173	340	0	0	3,194	0	0	3	0	152	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	3,788,526	0	267,473	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	10,569	3,470,757	212,273	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	24,253	0	29,150	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Endoscopy	10,676	23,920	29,799	68,353	0	23,031	0	57,147	6,919	0	28,943	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02 Cardiac Cath Lab	28,742	64,401	47,753	13,067	0	47,659	0	71,302	9,644	0	118,061	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	18,765	42,046	0	0	0	15,905	0	2,435	54	0	4,159	745
60.02 Short Stay Surgery	50,742	113,697	1,748	0	0	12,242	0	16,353	7,640	0	5,982	0
61.00 Emergency	40,643	91,067	218,174	250,542	0	173,568	0	389,290	128,142	0	238,256	0
61.02 Occupational Health Medicine	63,011	141,188	0	0	0	51,694	0	0	4,621	98,352	4,388	0
62.00 Observation Beds (Non-District Part)	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Home Health Agency	16,019	35,894	0	0	0	43,324	0	65,601	2,071	0	4,935	372
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	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
97.01 Dameron Foundation	0	0	0	0	0	0	0	0	0	0	0	0
97.02 Linacia Pharmacy	17,772	39,821	0	0	0	0	0	0	0	0	0	0
97.03 Dameron Clds Door Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Occup Med-Tracy	0	0	0	0	0	0	0	0	0	0	0	0
99.02 Dameron Home Medical Equip	0	0	0	0	0	0	0	0	0	0	0	0
99.03 Community Outreach	981	2,197	0	0	0	0	0	0	68	0	0	0
99.04 Public Relations	613	1,373	0	0	0	0	0	0	0	0	0	0
99.05 Space Rental	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	1,480,845	3,173,822	1,071,760	3,337,508	1,762,347	2,846,642	0	4,743,682	5,093,732	3,732,155	2,958,775	625,835

Provider Name:
DAMERON 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 STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
ANCILLARY COST CENTERS												
37.00	Operating Room	0	0	0	0	0	0	0	0	9,096,664		9,096,664
38.00	Recovery Room	0	0	0	0	0	0	0	0	1,092,049		1,092,049
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	7,057,365		7,057,365
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	3,912,169		3,912,169
41.01	Ultrasound	0	0	0	0	0	0	0	0	1,079,082		1,079,082
41.02	CT Scan	0	0	0	0	0	0	0	0	1,582,724		1,582,724
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	1,062,941		1,062,941
44.00	Laboratory	0	0	0	0	0	0	0	0	9,342,459		9,342,459
44.01	Pathological Lab	0	0	0	0	0	0	0	0	353,166		353,166
46.00	Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	2,062,910		2,062,910
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	5,551,668		5,551,668
50.00	Physical Therapy	0	0	0	0	0	0	0	0	1,379,461		1,379,461
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	98,837		98,837
52.00	Speech Pathology	0	0	0	0	0	0	0	0	125,212		125,212
53.00	Electrocardiology	0	0	0	0	0	0	0	0	814,237		814,237
54.00	Electroencephalography	0	0	0	0	0	0	0	0	92,096		92,096
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	18,740,021		18,740,021
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	8,717,558		8,717,558
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	961,123		961,123
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00	Endoscopy	0	0	0	0	0	0	0	0	1,337,188		1,337,188
59.01		0	0	0	0	0	0	0	0	0		0
59.02	Cardiac Cath Lab	0	0	0	0	0	0	0	0	3,061,632		3,061,632
59.03		0	0	0	0	0	0	0	0	0		0
60.00	Clinic	0	0	0	0	0	0	0	0	652,916		652,916
60.02	Short Stay Surgery	0	0	0	0	0	0	0	0	863,496		863,496
61.00	Emergency	0	0	0	0	0	0	0	0	9,202,045		9,202,045
61.02	Occupational Health Medicine	0	0	0	0	0	0	0	0	1,730,539		1,730,539
62.00	Observation Beds (Non-District Part)	0	0	0	0	0	0	0	0	0		0
71.00	Home Health Agency	0	0	0	0	0	0	0	0	1,640,028		1,640,028
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	0		0
97.00	Research	0	0	0	0	0	0	0	0	0		0
97.01	Dameron Foundation	0	0	0	0	0	0	0	0	7,098		7,098
97.02	Linacia Pharmacy	0	0	0	0	0	0	0	0	2,474,554		2,474,554
97.03	Dameron Clids Door Pharmacy	0	0	0	0	0	0	0	0	0		0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01	Occup Med-Tracy	0	0	0	0	0	0	0	0	499		499
99.02	Dameron Home Medical Equip	0	0	0	0	0	0	0	0	0		0
99.03	Community Outreach	0	0	0	0	0	0	0	0	59,652		59,652
99.04	Public Relations	0	0	0	0	0	0	0	0	147,174		147,174
99.05	Space Rental	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>155,636,879</u>	<u>0</u>	<u>155,636,879</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
DAMERON 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	3,952,907									6,677,207	4,799
38.00	Recovery Room	597,760									816,818	1,007
39.00	Delivery Room and Labor Room	3,510,104									5,227,476	3,657
40.00	Anesthesiology										0	
41.00	Radiology - Diagnostic	1,569,032									2,877,971	3,435
41.01	Ultrasound	535,695									829,514	683
41.02	CT Scan	611,393									1,103,290	474
42.00	Radiology - Therapeutic										0	
43.00	Radioisotope	244,126									642,850	1,175
44.00	Laboratory	3,652,778									7,617,793	4,574
44.01	Laboratory-Pathology										268,389	1,189
46.00	Whole Blood										0	
47.00	Blood Storing and Processing										1,442,990	260
48.00	Intravenous Therapy										0	
49.00	Respiratory Therapy	2,944,462									4,504,552	858
50.00	Physical Therapy	103									1,030,887	4,465
51.00	Occupational Therapy										85,307	
52.00	Speech Pathology	5									109,535	
53.00	Electrocardiology	248,001									623,407	206
54.00	Electroencephalography	42,570									66,614	334
55.00	Medical Supplies Charged to Patients										13,017,839	
56.00	Drugs Charged to Patients										4,453,895	
57.00	Renal Dialysis										804,722	
58.00	ASC (Non-Distinct Part)										0	
59.00	Endoscopy	664,928									964,901	871
59.01											0	
59.02	Cardiac Cath Lab	1,425,118									2,359,061	2,345
59.03											0	
60.00	Clinic	381,553									504,265	1,531
60.02	Short Stay Surgery	310,289									580,759	4,140
61.00	Emergency	3,647,807									6,801,786	3,316
61.02	Occupational Health Medicine	569,656									1,212,141	5,141
62.00	Observation Beds (Non-District Part)										0	
71.00	Home Health Agency	891,082									1,304,807	1,307
83.00											0	
84.00											0	
85.00											0	
86.00											0	
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen										0	
97.00	Research										0	
97.01	Dameron Foundation										6,292	
97.02	Linacia Pharmacy										2,142,710	1,450
97.03	Dameron Clds Door Pharmacy										0	
98.00	Physicians' Private Office										0	
99.00	Nonpaid Workers										0	
99.01	Occup Med-Tracy										442	
99.02	Dameron Home Medical Equip										0	
99.03	Community Outreach	24,144									50,006	80
99.04	Public Relations										128,714	50
99.05	Space Rental										0	
100.03											0	
100.04											0	
TOTAL	72,364,359	0	0	0	0	0	0	0	0	0	137,976,899	120,820
COST TO BE ALLOCATED	1,456,059	0	0	0	0	0	0	0	0	0	17,659,980	1,480,845
UNIT COST MULTIPLIER - SCH 8	0.020121	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.127992	12.256621

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE- KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TIME SPENT)	SOC SERV (TIME SPENT)	STAT	
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	
ANCILLARY COST CENTERS													
37.00	Operating Room	4,799	24,792	7,117			61,455	589,155		89,110,607			
38.00	Recovery Room	1,007	24,792				9,003	5,291		6,689,707			
39.00	Delivery Room and Labor Room	3,657	8,881	8,418			52,112	209,455		30,205,492			
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	3,435	239,835	1,360			9,325	31,336		23,002,731			
41.01	Ultrasound	683	41,688	391			1,738	5,992		6,807,877			
41.02	CT Scan	474	87,496				3,967	75,450		48,780,790			
42.00	Radiology - Therapeutic												
43.00	Radioisotope	1,175	24,116	1,304			469	2,895	208,399	10,919,374			
44.00	Laboratory	4,574		1,040				158,103		78,469,404			
44.01	Laboratory-Pathology	1,189								990,216			
46.00	Whole Blood												
47.00	Blood Storing and Processing	260						1,393,829		1,670,997			
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	858		391		71,325		119,187		73,119,273			
50.00	Physical Therapy	4,465		614		2		2	16,902	2,618,901			
51.00	Occupational Therapy								4,045	431,410			
52.00	Speech Pathology									513,361			
53.00	Electrocardiology	206	33,476			6,412		2,611	1,071	12,330,257			
54.00	Electroencephalography	334	359			1,539			11	46,984			
55.00	Medical Supplies Charged to Patients								12,587,639	82,800,424			
56.00	Drugs Charged to Patients								35,117	4,436,187	65,712,230		
57.00	Renal Dialysis								80,581	9,023,889			
58.00	ASC (Non-Distinct Part)												
59.00	Endoscopy	871	31,433	1,632		11,096		8,450	22,989	8,959,639			
59.01													
59.02	Cardiac Cath Lab	2,345	50,372	312		22,962		10,543	32,043	36,547,446			
59.03													
60.00	Clinic	1,531				7,663		360	178	1,287,613	92		
60.02	Short Stay Surgery	4,140	1,844			5,898		2,418	25,386	1,851,771			
61.00	Emergency	3,316	230,139	5,982		83,624		57,562	425,761	73,755,628			
61.02	Occupational Health Medicine	5,141				24,906			15,352	125,710	1,358,332		
62.00	Observation Beds (Non-District Part)												
71.00	Home Health Agency	1,307				20,873		9,700	6,881	1,527,632	46		
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen												
97.00	Research												
97.01	Dameron Foundation												
97.02	Linacia Pharmacy	1,450											
97.03	Dameron Clds Door Pharmacy												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01	Occup Med-Tracy												
99.02	Dameron Home Medical Equip												
99.03	Community Outreach	80							227				
99.04	Public Relations	50											
99.05	Space Rental												
100.03													
100.04													
	TOTAL	115,567	1,130,536	79,687	131,924	1,371,494	0	701,420	16,924,278	4,770,296	915,933,207	77,334	0
	COST TO BE ALLOCATED	3,173,822	1,071,760	3,337,508	1,762,347	2,846,642	0	4,743,682	5,093,732	3,732,155	2,958,774	625,835	0
	UNIT COST MULTIPLIER - SCH 8	27.463050	0.948010	41.882713	13.358808	2.075578	0.000000	6.762970	0.300972	0.782374	0.003230	8.092626	0.000000

Provider Name:

Fiscal Period Ended:

DAMERON HOSPITAL

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							
6.01							
6.02							
6.03							
6.04							
6.05							
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6.07							
6.08							
6.00							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00							
26.00							
27.00							
28.01							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

TRIAL BALANCE OF EXPENSES

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 1,709,859	\$ 0	\$ 1,709,859
2.00	Old Cap Rel Costs-Movable Equipment	2,366	0	2,366
3.00	New Cap Rel Costs-Bldg & Fixtures	63,424	0	63,424
4.00	New Cap Rel Costs-Movable Equipment	58,453	0	58,453
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	1,445,744	0	1,445,744
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	17,244,316	0	17,244,316
7.00	Maintenance and Repairs	1,267,147	0	1,267,147
8.00	Operation of Plant	2,681,254	0	2,681,254
9.00	Laundry and Linen Service	881,099	0	881,099
10.00	Housekeeping	2,881,926	0	2,881,926
11.00	Dietary	1,423,588	0	1,423,588
12.00	Cafeteria	2,199,214	0	2,199,214
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	3,987,974	0	3,987,974
15.00	Central Services & Supply	3,010,020	0	3,010,020
16.00	Pharmacy	3,238,532	0	3,238,532
17.00	Medical Records and Library	2,481,786	0	2,481,786
18.00	Social Service	521,861	0	521,861
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	27,607,945	0	27,607,945
26.00	Intensive Care Unit	5,512,355	0	5,512,355
27.00	Coronary Care Unit	4,588,437	0	4,588,437
28.01	Neonatal Intensive Care Unit	5,302,200	0	5,302,200
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	403,979	0	403,979
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:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 6,535,509	\$ 0	\$ 6,535,509
38.00	Recovery Room	792,196	0	792,196
39.00	Delivery Room and Labor Room	5,110,420	0	5,110,420
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	2,798,169	0	2,798,169
41.01	Ultrasound	809,325	0	809,325
41.02	CT Scan	1,083,348	0	1,083,348
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	623,199	0	623,199
44.00	Laboratory	7,309,460	172,146	7,481,606
44.01	Pathological Lab	253,616	0	253,616
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing	1,611,720	(172,146)	1,439,574
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	4,433,510	0	4,433,510
50.00	Physical Therapy	975,517	0	975,517
51.00	Occupational Therapy	85,306	0	85,306
52.00	Speech Pathology	109,534	0	109,534
53.00	Electrocardiology	614,789	0	614,789
54.00	Electroencephalography	61,597	0	61,597
55.00	Medical Supplies Charged to Patients	13,017,839	0	13,017,839
56.00	Drugs Charged to Patients	4,453,895	0	4,453,895
57.00	Renal Dialysis	804,722	0	804,722
58.00	ASC (Non-Distinct Part)		0	0
59.00	Endoscopy	940,268	0	940,268
59.01			0	0
59.02	Cardiac Cath Lab	2,298,667	0	2,298,667
59.03			0	0
60.00	Clinic	477,597	0	477,597
60.02	Short Stay Surgery	522,825	0	522,825
61.00	Emergency	6,684,744	0	6,684,744
61.02	Occupational Health Medicine	1,136,928	0	1,136,928
62.00	Observation Beds (Non-District Part)		0	0
71.00	Home Health Agency	1,270,689	0	1,270,689
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 153,328,868	\$ 0	\$ 153,328,868
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
97.01	Dameron Foundation	6,270	0	6,270
97.02	Linacia Pharmacy	2,124,717	0	2,124,717
97.03	Dameron Clds Door Pharmacy		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01	Occup Med-Tracy	438	0	438
99.02	Dameron Home Medical Equip		0	0
99.03	Community Outreach	48,492	0	48,492
99.04	Public Relations	128,094	0	128,094
99.05	Space Rental		0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 2,308,011	\$ 0	\$ 2,308,011
101	TOTAL	\$ 155,636,879	\$ 0	\$ 155,636,879

(To Schedule 8)

Provider Name:
DAMERON HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	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 Ultrasound	0												
41.02 CT Scan	0												
42.00 Radiology - Therapeutic	0												
43.00 Radioisotope	0												
44.00 Laboratory	172,146	172,146											
44.01 Pathological Lab	0												
46.00 Whole Blood	0												
47.00 Blood Storing and Processing	(172,146)	(172,146)											
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 Endoscopy	0												
59.01	0												
59.02 Cardiac Cath Lab	0												
59.03	0												
60.00 Clinic	0												
60.02 Short Stay Surgery	0												
61.00 Emergency	0												
61.02 Occupational Health Medicine	0												
62.00 Observation Beds (Non-District Part)	0												
71.00 Home Health Agency	0												
83.00	0												
84.00	0												
85.00	0												
86.00	0												
NONREIMBURSABLE COST CENTERS													
96.00 Gift, Flower, Coffee Shop & Canteen	0												
97.00 Research	0												
97.01 Dameron Foundation	0												
97.02 Linacia Pharmacy	0												
97.03 Dameron Cls Door Pharmacy	0												
98.00 Physicians' Private Office	0												
99.00 Nonpaid Workers	0												
99.01 Occup Med-Tracy	0												
99.02 Dameron Home Medical Equip	0												
99.03 Community Outreach	0												
99.04 Public Relations	0												
99.05 Space Rental	0												
100.03	0												
100.04	0												
101.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name							Fiscal Period			Provider NPI		Adjustments
DAMERON HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009			1538163886		11
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>ADJUSTMENT TO REPORTED COSTS</u>												
1	10A	A			44.00	7	Laboratory			\$7,309,460	\$172,146	\$7,481,606
	10A	A			47.00	7	Blood Storing and Processing			1,611,720	(172,146)	1,439,574
							To reconcile the reported expenses to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304					

Provider Name							Fiscal Period		Provider NPI		Adjustments
DAMERON HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		1538163886		11
Report References							Explanation of Audit Adjustments				
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>											
2	4	D-1	I	XIX	1.00	1	Total Inpatient Days - Adults and Pediatrics	43,740	(4,374)	39,366	
	4	D-1	I	XIX	4.00	1	Semi-Private Room Days - Adults and Pediatrics	43,740	(4,374)	39,366	
	4A	D-1	II	XIX	45.01	2	Total Inpatient Days - Neonatal Intensive Care Unit	348	4,374	4,722	
							To adjust total patient days to agree with the provider's patient census report. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304				

Provider Name			Fiscal Period				Provider NPI		Adjustments	
DAMERON HOSPITAL			JANUARY 1, 2009 THROUGH DECEMBER 31, 2009				1538163886		11	
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										
3	4A	Not Reported					Medi-Cal Days - Administrative Days	0	388	388
	4A	Not Reported					Medi-Cal Days - Administrative Days Rate	\$0	\$350.35	\$350.35
4	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$16,294	\$16,294
	6	Not Reported					Medi-Cal Ancillary Charges - Ultrasound	0	6,463	6,463
	6	Not Reported					Medi-Cal Ancillary Charges - Radioisotope	0	3,346	3,346
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	85,948	85,948
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	6,327	6,327
	6	Not Reported					Medi-Cal Ancillary Charges - Occupational Therapy	0	224	224
	6	Not Reported					Medi-Cal Ancillary Charges - Speech Pathology	0	1,051	1,051
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	203,101	203,101
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	322,754	322,754
5	2	Not Reported					Medi-Cal Routine Service Charges	\$0	\$135,938	\$135,938
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	322,754	322,754
6	1	Not Reported					Medi-Cal Interim Payments	\$0	\$260,955	\$260,955
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: March 25, 2013 Payment Period: January 1, 2009 through March 1, 2013 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 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>										

Provider Name							Fiscal Period	Provider NPI	Adjustments	
DAMERON HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1538163886	11	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
7	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	9,738	(4,074)	5,664
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	1,814	289	2,103
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	561	59	620
	Contract 4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	305	73	378
	Contract 4A	D-1	II	XIX	45.01	4	Medi-Cal Days - Neonatal Intensive Care Unit	158	(19)	139
8	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$2,551,365	\$3,131,384	\$5,682,749
	Contract 6	D-4		XIX	38.00	2	Medi-Cal Ancillary Charges - Recovery Room	134,464	302,430	436,894
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	4,614,658	(2,843,686)	1,770,972
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	945,898	301,822	1,247,720
	Contract 6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - Ultrasound	456,647	165,570	622,217
	Contract 6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges - CT Scan	1,460,103	970,235	2,430,338
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	556,432	259,091	815,523
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	4,840,970	4,497,216	9,338,186
	Contract 6	D-4		XIX	44.01	2	Medi-Cal Ancillary Charges - Pathology	45,611	11,190	56,801
	Contract 6	D-4		XIX	47.00	2	Medi-Cal Ancillary Charges - Blood Storing and Processing	138,680	698,932	837,612
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	8,969,948	1,974,232	10,944,180
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	43,320	552,065	595,385
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	4,554	2,240	6,794
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	34,347	34,196	68,543
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	625,986	(298,727)	327,259
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	4,716	2,639	7,355
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	2,055,907	1,582,002	3,637,909
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	6,439,365	2,386,938	8,826,303
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	836,216	370,511	1,206,727
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Endoscopy	445,687	(257,261)	188,426
	Contract 6	D-4		XIX	59.02	2	Medi-Cal Ancillary Charges - Cardiac Cath Lab	1,309,694	917,167	2,226,861
	Contract 6	D-4		XIX	60.00	2	Medi-Cal Ancillary Charges - Clinic	82,979	(82,979)	0
	Contract 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	1,591,000	256,728	1,847,728
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	38,188,547	14,933,935	53,122,482

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Provider Name							Fiscal Period		Provider NPI		Adjustments
DAMERON HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		1538163886		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
-Continued from previous page-											
9	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$28,571,698	\$12,053,678	\$40,625,376	
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	38,188,547	14,933,935	53,122,482	
10	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Patient Liability	\$0	\$12,611	\$12,611	
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	0	445,286	445,286	
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: April 11, 2013 Payment Period: January 1, 2009 through March 1, 2013 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 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>											

Provider Name							Fiscal Period			Provider NPI		Adjustments
DAMERON HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009			1538163886		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENT TO OTHER MATTERS</u>												
11	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	\$26,084	\$26,084		