

**REPORT
ON THE
COST REPORT REVIEW**

**COMMUNITY HOSPITAL OF MONTEREY PENINSULA
MONTEREY, CALIFORNIA
PROVIDER NUMBER: ZZR00145F AND
NPI NUMBER: 1932197258**

**FISCAL PERIOD ENDED
DECEMBER 31, 2009**

**Audits Section - Richmond
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Louise Wong
Audit Supervisor: David Mui
Auditor: Joanne Hui**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

December 6, 2011

Matthew Morgan
Director of Financial Services
Community Hospital of the Monterey Peninsula
P.O. Box HH
Monterey, CA 93942-6032

PROVIDER: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA
PROVIDER NUMBER: ZZR00145F
NPI NUMBER: 1932197258
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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited settlement for the fiscal period due the provider in the amount of \$85,563 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 AB 5 and AB 1183 Reduction (SCHEDULE A)
3. Computation of Audited Medi-Cal Reimbursement Settlement (NONCONTRACT 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's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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

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

John Melton, Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
MS 0017
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
P.O. Box 997413
Sacramento, CA 95899-7413

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 95814-5005
(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 - Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section - Richmond
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZR00145F	Reported	\$ 504,064	
	Net Change	\$ (418,502)	
	Audited Amount Due Provider (State)	\$ 85,563	
2. Subprovider I (SCHEDULE 1-1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.	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 No.	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 No.	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)		\$ 85,563	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider No.	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 No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider No.	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)		\$ 85,563	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

Provider No.
ZZR00145F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>2,808,198</u>	\$ <u>3,217,235</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>2,808,198</u>	\$ <u>3,217,235</u>
6. Interim Payments (Adj 18)	\$ <u>(2,304,134)</u>	\$ <u>(2,809,698)</u>
7. Balance Due Provider (State)	\$ <u>504,064</u>	\$ <u>407,537</u>
8.	\$ <u>0</u>	\$ <u>0</u>
9. Computation of Medi-Cal AB5 and AB1183 Reductions (Schedule A)	\$ <u>0</u>	\$ <u>(321,974)</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>504,064</u></u>	\$ <u><u>85,563</u></u>
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 AND AB 1183
SUMMARY OF REDUCTIONS

Provider Name:
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

Provider No.
ZZR00145F

1. 10% Reduction for Noncontract Services from 07/01/08 - 09/30/08 (AB 5 Schedule A-1)	\$	<u>0</u>
2. Reduction for Noncontract Services from 10/01/08 - 04/05/09 (AB 1183 Schedule A-2)		<u>0</u>
3. 10% Reduction for Noncontract Services from 04/06/09 - MM/DD/YY (AB 5 Schedule A-3)		<u>0</u>
4. 10% Reduction for HFPAs from 01/01/09 - 12/31/09 (AB 5 Schedule A-4)		<u>321,974</u>
5. 10% Reduction for Rural Health Hospitals from 07/01/08 - 10/31/08 (AB 5 Schedule A-5)		<u>0</u>
6. Total Noncontract AB 5 and AB 1183 Reductions	\$	<u><u>321,974</u></u> (To Schedule 1, Ln 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
HFPA's WITH LESS THAN 3 HOSPITALS

AB 5

10% REDUCTION FOR SERVICES FROM JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Name:
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULAFiscal Period Ended:
DECEMBER 31, 2009Provider No.
ZZR00145F**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$	<u>3,223,614</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31 Plus ancillary costs)		<u>3,879</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$	<u><u>3,219,735</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)		<u><u>807</u></u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$	<u><u>3,989.76</u></u>

10 % Cost Reduction For Services From 07/01/08 Through MM/DD/YY

6. Audited Medi-Cal Days of Service from 01/01/09 - 12/31/09 (excludes Administrative Days)		<u>807</u>
7. Audited Medi-Cal Cost Per Day for 01/01/09 - 12/31/09 (Line 5 X Line 6)	\$	<u>3,219,735</u>
8. 10% Cost Reduction for 01/01/09 - 12/31/09 (Line 7 X 10%)	\$	<u><u>321,974</u></u> (To Schedule A, Ln 4)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULAFiscal Period Ended:
DECEMBER 31, 2009Provider No.
ZZR00145F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 2,811,106 \$ 3,223,614

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 17) \$ 2,106,855 \$ 2,467,6483. Inpatient Ancillary Service Charges (Adj 17) \$ 4,638,337 \$ 5,808,3204. Total Charges - Medi-Cal Inpatient Services \$ 6,745,192 \$ 8,275,9685. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 3,934,086 \$ 5,052,3546. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULAFiscal Period Ended:
DECEMBER 31, 2009Provider No.
ZZR00145F

	<u>REPORTED</u>	<u>AUDITED</u>
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>1,323,890</u>	\$ <u>1,579,597</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>1,487,216</u>	\$ <u>1,653,832</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4. Routine Services - Late Billing Cost Reduction (Adj 19)	\$ <u>0</u>	\$ <u>(12,676)</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>2,811,106</u>	\$ <u>3,220,753</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>(See Schedule 1)</u>	\$ <u>2,861</u>
8. SUBTOTAL	\$ <u>2,811,106</u>	\$ <u>3,223,614</u> (To Schedule 2)
9. Coinsurance (Adj 18)	\$ <u>(2,908)</u>	\$ <u>(3,191)</u>
10. Patient and Third Party Liability (Adj 18)	\$ <u>0</u>	\$ <u>(3,188)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>2,808,198</u></u>	\$ <u><u>3,217,235</u></u> (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULAFiscal Period Ended:
DECEMBER 31, 2009Provider No.
ZZR00145F

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 9)	44,688	49,242
2. Inpatient Days (include private, exclude swing-bed)	44,688	49,242
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 9)	44,688	49,242
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 14)	494	554

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)	\$ 93,700,343	\$ 99,870,875
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)	\$ 93,700,343	\$ 99,870,875

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 198,525,723	\$ 198,525,723
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 198,525,723	\$ 198,525,723
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.471981	\$ 0.503063
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)	\$ 4,442.48	\$ 4,031.63
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)	\$ 93,700,343	\$ 99,870,875

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 2,096.77	\$ 2,028.16
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,035,804	\$ 1,123,601
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 451,412	\$ 530,231
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,487,216	\$ 1,653,832

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULAFiscal Period Ended:
DECEMBER 31, 2009Provider No.
ZZR00145F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,916,757	\$ 2,759,805
2. Total Inpatient Days (Adj)	2,094	2,094
3. Average Per Diem Cost	\$ 1,392.91	\$ 1,317.96
4. Medi-Cal Inpatient Days (Adj 14)	170	177
5. Cost Applicable to Medi-Cal	\$ 236,795	\$ 233,279
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 15,045,166	\$ 14,913,670
7. Total Inpatient Days (Adj 9)	3,788	3,809
8. Average Per Diem Cost	\$ 3,971.80	\$ 3,915.38
9. Medi-Cal Inpatient Days (Adj 14)	43	65
10. Cost Applicable to Medi-Cal	\$ 170,787	\$ 254,500
NURSERY INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 4,351,142	\$ 4,326,663
12. Total Inpatient Days (Adj 9)	1,092	1,140
13. Average Per Diem Cost	\$ 3,984.56	\$ 3,795.32
14. Medi-Cal Inpatient Days (Adj)	11	11
15. Cost Applicable to Medi-Cal	\$ 43,830	\$ 41,749
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 15)	\$ 0.00	\$ 351.26
27. Medi-Cal Inpatient Days (Adj 15)	0	2
28. Cost Applicable to Medi-Cal	\$ 0	\$ 703
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)	\$ 451,412	\$ 530,231

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

Provider No.
ZZR00145F

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
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)

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	NON-PATIENTS PHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING 6.03	ADMITTING COST 6.04	O/P REGIS-TRATION 6.05	BUSINESS OFFICE 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.07
ANCILLARY COST CENTERS													
37.00	Operating Room	0	6,353,180	95,279	0	669,423	1,360,696	201,923	3,059,655	0	0	35,093,738	3,182,305
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	350,350	2,129	0	1,508	33,733	0	62,390	0	0	1,611,574	146,138
40.00	Anesthesiology	0	0	532	0	13,895	92,493	9,219	195,858	0	0	723,913	65,645
41.00	Radiology - Diagnostic	0	2,941,204	71,858	0	76,260	617,054	901,542	3,565,871	0	0	25,427,187	2,305,741
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	684,709	14,904	0	5,238	20,821	145,362	429,448	0	0	4,364,673	395,789
43.00	Radioisotope	0	232,861	1,597	0	13,045	30,040	43,808	173,379	0	0	1,779,810	161,393
44.00	Laboratory	0	3,233,476	53,761	0	131,383	1,056,513	575,741	3,502,430	0	0	23,933,034	2,170,251
44.01	Laboratory - Pathological	0	553,411	10,646	0	20,020	36,775	24,367	133,546	0	0	3,229,120	292,817
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	549,929	11,710	0	20,913	71,590	14,156	170,477	0	0	3,472,997	314,932
49.00	Respiratory Therapy	0	1,226,924	16,501	0	14,049	274,113	31,586	591,919	0	0	6,433,295	583,372
50.00	Physical Therapy	0	1,026,090	12,775	0	6,269	62,483	50,367	251,021	0	0	4,904,785	444,767
51.00	Occupational Therapy	0	136,593	1,597	0	334	5,542	5,205	24,247	0	0	563,275	51,078
52.00	Speech Pathology	0	23,171	532	0	8	850	1,101	4,532	0	0	94,265	8,548
53.00	Electrocardiology	0	669,791	10,646	0	1,806	125,361	65,710	408,577	0	0	3,699,500	335,471
54.00	Electroencephalography	0	247,431	7,984	0	1,750	1,469	26,472	73,911	0	0	1,341,911	121,685
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	866,898	151,449	2,010,635	0	0	25,905,227	2,349,090
56.00	Drugs Charged to Patients	0	0	0	0	0	2,269,064	476,053	5,476,931	0	0	20,420,048	1,851,693
57.00	Renal Dialysis	0	0	532	0	0	43,794	510	82,369	0	0	703,043	63,752
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
58.01	SNF Ancillary	0	525,252	6,387	0	8,047	0	0	82,996	0	0	2,546,453	230,913
58.02		0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	937,323	22,888	0	1,707	3,704	42,242	120,457	0	0	3,753,346	340,354
60.03	Diabetes Therapy	0	121,011	6,387	0	1,202	2	4,328	11,643	0	0	569,663	51,657
60.05	Cancer Center	0	595,363	15,436	0	1,912	347	21,514	58,501	0	0	2,598,763	235,656
60.06	OPIS	0	66,223	4,791	0	74	2	962	2,592	0	0	286,715	25,999
61.00	Emergency	0	2,516,463	42,583	0	12,339	272,401	321,676	1,368,929	0	0	15,085,783	1,367,981
62.01	Observation Beds	0	635,621	7,984	0	785	10,050	60,749	181,967	0	0	2,727,823	247,359
63.00	Cardiac Cath	0	861,526	4,258	0	164,449	163,402	104,469	583,174	0	0	5,482,403	497,145
64.00		0	0	0	0	0	0	0	0	0	0	0	0
93.00	Hospice	0	1,070,828	36,195	0	14,227	4,736	40,144	116,723	0	0	5,101,908	462,642
81.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen	0	110,761	1,065	0	14,084	0	0	0	0	0	825,520	74,858
96.01	Community Relations	0	299,343	2,661	0	11,084	0	0	0	0	0	3,171,599	287,601
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
99.06		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	Other Nonreimbursable Cost Ctr	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	68,071,397	1,019,321	27,283,905	2,005,301	10,366,493	3,320,652	28,361,474	0	0	389,152,194	32,354,467

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

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	1,587,451	458,859	51,556	1,216,212	155,933	262,172	0	527,263	0	113,823	625,610	93,356
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	93,979	27,165	5,453	72,001	91,774	10,958	0	1,138	0	0	12,757	87,407
40.00 Anesthesiology	0	0	0	0	0	0	0	0	15,131	229,526	40,047	0
41.00 Radiology - Diagnostic	629,552	181,975	13,238	482,326	0	121,067	0	8,685	241,229	4,447	729,117	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	580,676	167,847	11,228	444,880	0	19,947	0	12,566	1,615	347	87,810	0
43.00 Radioisotope	59,907	17,316	1,720	45,897	0	12,434	0	0	1,074	1,338	35,451	0
44.00 Laboratory	304,036	87,883	743	232,934	0	171,059	0	64	41,585	0	716,145	0
44.01 Laboratory - Pathological	40,349	11,663	0	30,913	0	14,655	0	4	380	95	27,306	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	107,731	31,140	0	82,538	0	1,521	0	25,572	41,094	136	34,858	0
49.00 Respiratory Therapy	202,110	58,421	0	154,845	0	40,841	0	35,577	50,389	147	121,030	0
50.00 Physical Therapy	241,480	69,801	7,489	185,007	0	58,188	0	10,187	22,308	1,177	51,326	0
51.00 Occupational Therapy	30,443	8,800	0	23,324	0	4,510	0	0	1,238	0	4,958	0
52.00 Speech Pathology	3,338	965	0	2,558	0	103	0	0	0	0	927	0
53.00 Electrocardiology	181,826	52,558	3,873	139,305	0	33,823	0	7,091	1,642	1,095	83,542	0
54.00 Electroencephalography	8,273	2,391	0	6,338	0	598	0	0	4,365	0	15,113	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	4,147,956	0	411,116	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	10,024,460	1,119,873	0
57.00 Renal Dialysis	12,809	3,702	0	9,813	0	0	0	0	0	0	16,842	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
58.01 SNF Ancillary	302,040	87,306	0	231,405	0	10,566	0	35,706	1,717	117,300	16,970	0
58.02	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	466,993	134,986	0	357,783	0	7,131	0	34,841	179	0	24,630	0
60.03 Diabetes Therapy	0	0	0	0	0	241	0	6,029	3,964	0	2,381	0
60.05 Cancer Center	46,990	13,583	49	36,001	32,419	6,035	0	62,920	41	523	11,962	0
60.06 OPIS	0	0	0	0	0	1,659	0	5,752	46	31	530	0
61.00 Emergency	577,773	167,007	45,789	442,656	3,132	153,857	0	266,697	8,923	10,204	279,906	0
62.01 Observation Beds	115,097	33,269	12,235	88,181	261,384	23,633	0	70,945	0	0	37,207	0
63.00 Cardiac Cath	220,107	63,623	3,147	168,633	0	27,124	0	34,545	0	7,046	119,242	0
64.00	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Hospice	59,726	17,264	0	45,758	0	5,653	0	64,737	12,848	188,127	23,866	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	50,437	14,579	0	38,642	0	5,423	0	0	17	88	0	0
96.01 Community Relations	0	0	0	0	0	11,004	0	3,411	1	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
99.06	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 Other Nonreimbursable Cost Ctr	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	12,961,446	3,746,556	382,597	9,748,102	8,659,195	2,158,253	0	3,494,078	4,642,365	10,956,254	5,799,095	5,624,220

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE	ALLOC	ALLOC	ALLOC	NON-	NURSING	INT & RES	INT & RES	PARAMED	SUBTOTAL	POST	TOTAL
	EXPENSES	COST	COST	COST	PHYSICIAN	SCHOOL	SALARY &	PROGRAM	EDUCAT	25.00	STEP-DOWN	COST
		19.00	19.02	19.03	ANESTH	21.01	FRINGES	23.00	24.00		ADJUSTMENT	27.00
					21.00		22.00				26.00	
ANCILLARY COST CENTERS												
37.00	Operating Room	0	0	0	0	0	0	0	0	43,368,279		43,368,279
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	2,160,345		2,160,345
40.00	Anesthesiology	0	0	0	0	0	0	0	0	1,074,262		1,074,262
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	30,144,563		30,144,563
41.01		0	0	0	0	0	0	0	0	0		0
41.02		0	0	0	0	0	0	0	0	0		0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	6,087,376		6,087,376
43.00	Radioisotope	0	0	0	0	0	0	0	0	2,116,341		2,116,341
44.00	Laboratory	0	0	0	0	0	0	0	0	27,657,734		27,657,734
44.01	Laboratory - Pathological	0	0	0	0	0	0	0	0	3,647,303		3,647,303
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	4,112,518		4,112,518
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	7,680,026		7,680,026
50.00	Physical Therapy	0	0	0	0	0	0	0	0	5,996,515		5,996,515
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	687,626		687,626
52.00	Speech Pathology	0	0	0	0	0	0	0	0	110,703		110,703
53.00	Electrocardiology	0	0	0	0	0	0	0	0	4,539,728		4,539,728
54.00	Electroencephalography	0	0	0	0	0	0	0	0	1,500,674		1,500,674
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	32,813,389		32,813,389
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	33,416,074		33,416,074
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	809,962		809,962
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
58.01	SNF Ancillary	0	0	0	0	0	0	0	0	3,580,376		3,580,376
58.02		0	0	0	0	0	0	0	0	0		0
59.00		0	0	0	0	0	0	0	0	0		0
59.01		0	0	0	0	0	0	0	0	0		0
59.02		0	0	0	0	0	0	0	0	0		0
60.00	Clinic	0	0	0	0	0	0	0	0	5,120,243		5,120,243
60.03	Diabetes Therapy	0	0	0	0	0	0	0	0	633,934		633,934
60.05	Cancer Center	0	0	0	0	0	0	0	0	3,044,940		3,044,940
60.06	OPIIS	0	0	0	0	0	0	0	0	320,733		320,733
61.00	Emergency	0	0	0	0	0	0	0	0	18,409,709		18,409,709
62.01	Observation Beds	0	0	0	0	0	0	0	0	3,617,134		3,617,134
63.00	Cardiac Cath	0	0	0	0	0	0	0	0	6,623,015		6,623,015
64.00		0	0	0	0	0	0	0	0	0		0
93.00	Hospice	0	0	0	0	0	0	0	0	5,982,530		5,982,530
81.00		0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	1,009,563		1,009,563
96.01	Community Relations	0	0	0	0	0	0	0	0	3,473,617		3,473,617
97.00	Research	0	0	0	0	0	0	0	0	0		0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.02		0	0	0	0	0	0	0	0	0		0
99.03		0	0	0	0	0	0	0	0	0		0
99.04		0	0	0	0	0	0	0	0	0		0
99.05		0	0	0	0	0	0	0	0	0		0
99.06		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	Other Nonreimbursable Cost Ctr	0	0	0	0	0	0	0	0	0		0
TOTAL		0	0	0	0	0	0	0	0	389,152,194	0	389,152,194

Provider Name:

COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:

DECEMBER 31, 2009

	EMP BENE (GROSS SALARIES) 5.00	NON- PATIENTS PHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING 6.03	ADMITTING 6.04	O/P REGISTRA- TION 6.05	BUSINESS OFFICE 6.06	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00
GENERAL SERVICE COST CENTERS											
1.00	Old Capital Related Costs - Building and Fixtures										
2.00	Old Capital Related Costs - Movable Equipment										
3.00	New Capital Related Costs - Building and Fixtures										
4.00	New Capital Related Costs - Movable Equipment										
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00	Employee Benefits										
6.01	Non-Patient Telephones	471,648									
6.02	Data Processing	4,432,211	62								
6.03	Purchasing/Receiving	908,343	15								
6.04	Patient Admitting	2,363,991	25	2,362	67,269						
6.05	O/P Registration	2,040,699	21		80,843						
6.06	Business Office	2,721,261	60	7,313	37,271						
6.07											
6.08											
6.07	Administrative and General	10,272,162	148	325	907,324						
7.00	Maintenance and Repairs	4,877,638	64		785,429				11,883,820		
8.00	Operation of Plant								3,435,064		
9.00	Laundry and Linen Service	154,910	3		8,155				287,318	1,480	
10.00	Housekeeping	4,694,076	18		623,800				8,720,037	5,074	
11.00	Dietary	3,954,334	24		824,403				7,288,925	9,507	
12.00	Cafeteria	796,474	8		1,218,915				1,577,667	5,867	
13.00	Maintenance of Personnel								0		
14.00	Nursing Administration	1,675,880			289,915				3,107,270	1,024	
15.00	Central Services and Supply	1,510,999	21		2,860,781				3,915,397	3,804	
16.00	Pharmacy	5,323,085	23		12,293,119				9,688,988	4,078	
17.00	Medical Records and Library	2,825,084	22		29,972				5,133,367	1,986	
18.00	Social Service	2,764,229	9		9,085				4,917,615	1,620	
19.00									0		
19.02									0		
19.03									0		
21.00	Nursing School								0		
21.01	Clinical Pastoral Education								0		
22.00	Intern and Res Service - Salary and Fringes								0		
23.00	Intern and Res - Other Program								0		
24.00	Paramedical Ed Program								0		
INPATIENT ROUTINE COST CENTERS											
25.00	Adults and Pediatrics (Gen Routine)	33,546,383	387		526,617	151,155,851	151,155,851		62,899,266	109,646	
26.00	Intensive Care Unit	6,131,399	78		147,865	23,324,658	23,324,658		11,689,815	16,712	
26.01	Nursery Intensive Care Unit	2,169,619	5		84,950	3,229,172	3,229,172		3,608,286	1,607	
27.00	Coronary Care Unit								0		
29.00	Surgical Intensive Care								0		
31.00	Subprovider	2,875,838	22		32,504	11,687,067	11,687,067		5,281,356	10,549	
31.01	Subprovider 2 Psych								0		
32.00									0		
33.00	Nursery	1,113,307	5		53,719	2,942,306	2,942,306		2,150,330	3,457	
34.00	Medicare Certified Nursing Facility	2,638,163	24		452,922		6,186,670		5,361,834	17,560	
35.00	Distinct Part Nursing Facility								0		
36.00	Adult Subacute Care Unit								0		
36.01	Subacute Care Unit II								0		
36.02	Transitional Care Unit								0		

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

	EMP BENE (GROSS SALARIES) 5.00	NON- PATIENTS PHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING 6.03	ADMITTING 6.04	O/P REGISTRA- TION 6.05	BUSINESS OFFICE 6.06	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00	
ANCILLARY COST CENTERS												
37.00	Operating Room	15,129,265	179		17,863,981	88,941,304	19,192,648	108,133,953		35,093,738	43,749	
38.00	Recovery Room									0		
39.00	Delivery Room and Labor Room	834,312	4		40,249	2,204,962		2,204,962		1,611,574	2,590	
40.00	Anesthesiology		1		370,791	6,045,768		876,226		6,921,994		
41.00	Radiology - Diagnostic	7,004,093	135		2,035,038	40,333,465	85,691,091	126,024,557		25,427,187	17,350	
41.01										0		
41.02										0		
42.00	Radiology - Therapeutic	1,630,544	28		139,774	1,360,963	13,816,542	15,177,505		4,364,673	16,003	
43.00	Radioisotope	554,529	3		348,123	1,963,579	4,163,951	6,127,531		1,779,810	1,651	
44.00	Laboratory	7,700,099	101		3,506,031	69,058,524	54,723,921	123,782,445		23,933,034	8,379	
44.01	Laboratory - Pathological	1,317,875	20		534,244	2,403,752	2,316,029	4,719,781		3,229,120	1,112	
46.00	Whole Blood									0		
47.00	Blood Storing and Processing	1,309,585	22		558,084	4,679,431	1,345,552	6,024,983		3,472,997	2,969	
49.00	Respiratory Therapy	2,921,759	31		374,902	17,917,269	3,002,240	20,919,509		6,433,295	5,570	
50.00	Physical Therapy	2,443,498	24		167,301	4,084,181	4,787,357	8,871,538		4,904,785	6,655	
51.00	Occupational Therapy	325,279	3		8,909	362,233	494,692	856,926		563,275	839	
52.00	Speech Pathology	55,179	1		222	55,563	104,616	160,179		94,265	92	
53.00	Electrocardiology	1,595,020	20		48,206	8,194,192	6,245,697	14,439,889		3,699,500	5,011	
54.00	Electroencephalography	589,225	15		46,698	96,008	2,516,142	2,612,150		1,341,911	228	
55.00	Medical Supplies Charged to Patients					56,664,433	14,395,165	71,059,598		25,905,227		
56.00	Drugs Charged to Patients					148,316,403	45,248,613	193,565,016		20,420,048		
57.00	Renal Dialysis		1			2,862,589	48,502	2,911,091		703,043	353	
58.00	ASC (Non-Distinct Part)									0		
58.01	SNF Ancillary	1,250,818	12		214,742			2,933,250		2,546,453	8,324	
58.02										0		
59.00										0		
59.01										0		
59.02										0		
60.00	Clinic	2,232,113	43		45,558	242,104	4,015,075	4,257,178		3,753,346	12,870	
60.03	Diabetes Therapy	288,171	12		32,080	137	411,348	411,485		569,663		
60.05	Cancer Center	1,417,780	29		51,020	22,651	2,044,879	2,067,530		2,598,763	1,295	
60.06	OPIS	157,701	9		1,979	134	91,458	91,592		286,715		
61.00	Emergency	5,992,628	80		329,276	17,805,376	30,575,141	48,380,516		15,085,783	15,923	
62.01	Observation Beds	1,513,647	15		20,942	656,934	5,774,122	6,431,056		2,727,823	3,172	
63.00	Cardiac Cath	2,051,612	8		4,388,438	10,680,723	9,929,735	20,610,457		5,482,403	6,066	
64.00										0		
93.00	Hospice	2,550,037	68		379,658	309,575	3,815,636	4,125,211		5,101,908	1,646	
81.00										0		
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen	263,762	2		375,849					825,520	1,390	
96.01	Community Relations	712,847	5		295,793					3,171,599		
97.00	Research									0		
98.00	Physicians' Private Office									0		
99.00	Nonpaid Workers									0		
99.02										0		
99.03										0		
99.04										0		
99.05										0		
99.06										0		
100.00										0		
100.01										0		
100.02										0		
100.03	Other Nonreimbursable Cost Ctr									0		
TOTAL												
		162,103,111	1,915	10,000	53,512,746	677,601,307	315,626,378	1,002,347,606	0	0	356,797,727	357,208
COST TO BE ALLOCATED												
		68,071,397	1,019,321	27,283,905	2,005,301	10,366,493	3,320,652	28,361,473	0	0	32,354,468	12,961,446
UNIT COST MULTIPLIER - SCH 8												
		0.419927	532.282408	2728.390516	0.037473	0.015299	0.010521	0.028295	0.000000	0.000000	0.090680	36.285430

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TIME SPENT)	SOC SERV (TIME SPENT)	STAT
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00
GENERAL SERVICE COST CENTERS												
1.00	Old Capital Related Costs - Building and Fixtures											
2.00	Old Capital Related Costs - Movable Equipment											
3.00	New Capital Related Costs - Building and Fixtures											
4.00	New Capital Related Costs - Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01	Non-Patient Telephones											
6.02	Data Processing											
6.03	Purchasing/Receiving											
6.04	Patient Admitting											
6.05	O/P Registration											
6.06	Business Office											
6.07												
6.08												
6.07	Administrative and General											
7.00	Maintenance and Repairs											
8.00	Operation of Plant											
9.00	Laundry and Linen Service											
10.00	1,480											
11.00	5,074											
12.00	9,507	773	9,507									
13.00	5,867											
14.00	1,024											
15.00	3,804	4,153	3,804	8,107								
16.00	4,078	1,145	4,078	23,592	784							
17.00	1,986											
18.00	1,620											
19.00												
19.02												
19.03												
21.00	Nursing School											
21.01	Clinical Pastoral Education											
22.00	Intern and Res Service - Salary and Fringes											
23.00	Intern and Res - Other Program											
24.00	Paramedical Ed Program											
INPATIENT ROUTINE COST CENTERS												
25.00	109,646	432,373	109,646	138,515	191,856	415,349	79,591	10,060	151,155,851	10,522		
26.00	16,712	44,139	16,712	5,714	25,392	73,050	60,193	772	23,324,658	189		
26.01	1,607	2,257	1,607		7,277	25,928	49,810		3,229,172	259		
27.00	Coronary Care Unit											
29.00	Surgical Intensive Care											
31.00	10,549	15,654	10,549	11,211	13,931	37,233	95	46	11,687,067	671		
31.01	Subprovider 2 Psych											
32.00												
33.00	3,457	16,648	3,457	0	4,135	400			2,942,306	254		
34.00	17,560											
35.00	Distinct Part Nursing Facility											
36.00	Adult Subacute Care Unit											
36.01	Subacute Care Unit II											
36.02	Transitional Care Unit											

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (TIME SPENT) 17.00	SOC SERV (TIME SPENT) 18.00	STAT 19.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	43,749	117,933	43,749	2,987	74,117	138,972	0	138,502	108,133,953	204		
38.00	Recovery Room												
39.00	Delivery Room and Labor Room	2,590	12,474	2,590	1,758	3,098	300			2,204,962	191		
40.00	Anesthesiology							83,450	279,293	6,921,994			
41.00	Radiology - Diagnostic	17,350	30,282	17,350			2,289	1,330,391	5,411	126,024,557			
41.01													
41.02													
42.00	Radiology - Therapeutic	16,003	25,683	16,003		5,639	3,312	8,908	422	15,177,505			
43.00	Radioisotope	1,651	3,935	1,651		3,515		5,923	1,628	6,127,531			
44.00	Laboratory	8,379	1,700	8,379		48,359	17	229,343		123,782,445			
44.01	Laboratory - Pathological	1,112		1,112		4,143	1	2,097	115	4,719,781			
46.00	Whole Blood												
47.00	Blood Storing and Processing	2,969		2,969		430	6,740	226,638	165	6,024,983			
49.00	Respiratory Therapy	5,570		5,570		11,546	9,377	277,896	179	20,919,509			
50.00	Physical Therapy	6,655	17,131	6,655		16,450	2,685	123,029	1,432	8,871,538			
51.00	Occupational Therapy	839		839		1,275		6,827		856,926			
52.00	Speech Pathology	92		92		29				160,179			
53.00	Electrocardiology	5,011	8,860	5,011		9,562	1,869	9,057	1,333	14,439,889			
54.00	Electroencephalography	228		228		169		24,072		2,612,150			
55.00	Medical Supplies Charged to Patients							22,876,245		71,059,598			
56.00	Drugs Charged to Patients								12,197,999	193,565,016			
57.00	Renal Dialysis	353		353						2,911,091			
58.00	ASC (Non-Distinct Part)												
58.01	SNF Ancillary	8,324		8,324		2,987	9,411	9,470	142,734	2,933,250			
58.02													
59.00													
59.01													
59.02													
60.00	Clinic	12,870		12,870		2,016	9,183	987		4,257,178			
60.03	Diabetes Therapy					68	1,589	21,864		411,485			
60.05	Cancer Center	1,295	111	1,295	621	1,706	16,584	227	637	2,067,530			
60.06	OPIS					469	1,516	254	38	91,592			
61.00	Emergency	15,923	104,740	15,923	60	43,496	70,294	49,212	12,416	48,380,516			
62.01	Observation Beds	3,172	27,987	3,172	5,007	6,681	18,699			6,431,056			
63.00	Cardiac Cath	6,066	7,198	6,066		7,668	9,105	0	8,574	20,610,457			
64.00													
93.00	Hospice	1,646		1,646		1,598	17,063	70,860	228,917	4,125,211			
81.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen	1,390		1,390		1,533		94	107				
96.01	Community Relations					3,111	899	6					
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.02													
99.03													
99.04													
99.05													
99.06													
100.00													
100.01													
100.02													
100.03	Other Nonreimbursable Cost Ctr												
TOTAL		357,208	875,176	350,654	165,873	610,146	0	920,942	25,602,941	13,331,827	1,002,347,606	12,290	0
COST TO BE ALLOCATED		3,746,556	382,597	9,748,102	8,659,195	2,158,253	0	3,494,078	4,642,365	10,956,254	5,799,095	5,624,220	0
UNIT COST MULTIPLIER - SCH 8		10.488444	0.437166	27.799774	52.203766	3.537274	0.000000	3.794026	0.181322	0.821812	0.005786	457.625711	0.000000

Provider Name:

COMMUNITY HOSPITAL OF MONTEREY PENINSULA

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	21.00	21.01	22.00	23.00	24.00

GENERAL SERVICE COST CENTERS

- 1.00 Old Capital Related Costs - Building and Fixtures
- 2.00 Old Capital Related Costs - Movable Equipment
- 3.00 New Capital Related Costs - Building and Fixtures
- 4.00 New Capital Related Costs - Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01 Non-Patient Telephones
- 6.02 Data Processing
- 6.03 Purchasing/Receiving
- 6.04 Patient Admitting
- 6.05 O/P Registration
- 6.06 Business Office
- 6.07
- 6.08
- 6.07 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services and Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 21.00 Nursing School
- 21.01 Clinical Pastoral Education
- 22.00 Intern and Res Service - Salary and Fringes
- 23.00 Intern and Res - Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults and Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 26.01 Nursery Intensive Care Unit
- 27.00 Coronary Care Unit
- 29.00 Surgical Intensive Care
- 31.00 Subprovider
- 31.01 Subprovider 2 Psych
- 32.00
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

TRIAL BALANCE OF EXPENSES

Provider Name:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Capital Related Costs - Building and Fixtures	\$	\$ 0	\$ 0
2.00	Old Capital Related Costs - Movable Equipment		0	0
3.00	New Capital Related Costs - Building and Fixtures	15,545,696	(4,038,063)	11,507,633
4.00	New Capital Related Costs - Movable Equipment		0	0
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	68,056,129	(5,898)	68,050,231
6.01	Non-Patient Telephones	891,275	(74,520)	816,755
6.02	Data Processing	25,955,085	(635,072)	25,320,013
6.03	Purchasing/Receiving	1,607,694	(449)	1,607,245
6.04	Patient Admitting	2,874,865	(509)	2,874,356
6.05	O/P Registration	2,400,470	0	2,400,470
6.06	Business Office	7,245,640	(12,950)	7,232,690
6.07			0	0
6.08			0	0
6.07	Administrative and General	25,947,210	(14,232)	25,932,978
7.00	Maintenance and Repairs	8,683,632	(20,272)	8,663,360
8.00	Operation of Plant	3,435,064	0	3,435,064
9.00	Laundry and Linen Service	182,668	0	182,668
10.00	Housekeeping	6,591,321	(4,646)	6,586,675
11.00	Dietary	5,352,799	(10,221)	5,342,578
12.00	Cafeteria	1,044,081	(246)	1,043,835
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	2,367,027	(449)	2,366,578
15.00	Central Services and Supply	3,088,385	(22,768)	3,065,617
16.00	Pharmacy	6,878,758	(1,851)	6,876,907
17.00	Medical Records and Library	3,884,363	(742)	3,883,621
18.00	Social Service	3,711,108	(660)	3,710,448
19.00			0	0
19.02			0	0
19.03			0	0
21.00	Nursing School		0	0
21.01	Clinical Pastoral Education		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)	39,234,528	(30,225)	39,204,303
26.00	Intensive Care Unit	7,642,577	(17,035)	7,625,542
26.01	Nursery Intensive Care Unit	2,511,266	(1,609)	2,509,657
27.00	Coronary Care Unit		0	0
29.00	Surgical Intensive Care		0	0
31.00	Subprovider	3,283,531	(918)	3,282,613
31.01	Subprovider 2 Psych		0	0
32.00			0	0
33.00	Nursery	1,461,830	0	1,461,830
34.00	Medicare Certified Nursing Facility	3,610,267	(8,331)	3,601,936
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:
COMMUNITY HOSPITAL OF MONTEREY PENINSULA

Fiscal Period Ended:
DECEMBER 31, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 38,696,538	\$ (16,457,270)	\$ 22,239,268
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	1,095,495	0	1,095,495
40.00	Anesthesiology	414,030	(2,114)	411,916
41.00	Radiology - Diagnostic	16,935,713	(124,230)	16,811,483
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic	2,765,543	(108,958)	2,656,585
43.00	Radioisotope	1,256,245	(13,218)	1,243,027
44.00	Laboratory	15,183,897	(17,585)	15,166,312
44.01	Laboratory - Pathological	2,427,145	(5,112)	2,422,033
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing	2,560,131	(1,533)	2,558,598
49.00	Respiratory Therapy	4,144,747	(8,415)	4,136,332
50.00	Physical Therapy	3,331,237	(4,963)	3,326,274
51.00	Occupational Therapy	368,388	0	368,388
52.00	Speech Pathology	61,727	0	61,727
53.00	Electrocardiology	2,303,770	(13,795)	2,289,975
54.00	Electroencephalography	978,875	(1,788)	977,087
55.00	Medical Supplies Charged to Patients	2,267,149	20,609,096	22,876,245
56.00	Drugs Charged to Patients	12,197,999	0	12,197,999
57.00	Renal Dialysis	567,016	(170)	566,846
58.00	ASC (Non-Distinct Part)		0	0
58.01	SNF Ancillary	1,711,753	0	1,711,753
58.02			0	0
59.00			0	0
59.01			0	0
59.02			0	0
60.00	Clinic	2,297,914	(697)	2,297,217
60.03	Diabetes Therapy	425,309	(219)	425,090
60.05	Cancer Center	1,873,192	(486)	1,872,706
60.06	OPIS	212,139	(67)	212,072
61.00	Emergency	10,157,178	(11,355)	10,145,823
62.01	Observation Beds	1,750,392	(517)	1,749,875
63.00	Cardiac Cath	7,744,055	(4,297,436)	3,446,619
64.00			0	0
93.00	Hospice	3,783,364	(6,234)	3,777,130
81.00			0	0
	SUBTOTAL	\$ 390,998,210	\$ (5,368,732)	\$ 385,629,478
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen	664,206	0	664,206
96.01	Community Relations	2,858,510	0	2,858,510
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
99.06			0	0
100.00			0	0
100.01			0	0
100.02			0	0
100.03	Other Nonreimbursable Cost Ctr		0	0
100.99	SUBTOTAL	\$ 3,522,716	\$ 0	\$ 3,522,716
101	TOTAL	\$ 394,520,926	\$ (5,368,732)	\$ 389,152,194

(To Schedule 8)

Provider Name							Fiscal Period			Provider Number		Adjustments
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009			ZZR00145F		20
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
MEMORANDUM ADJUSTMENTS												
1							<p>The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5 and AB1183. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9.</p> <p>Welfare and Institutions Code, Sections 14105.19 and 14166.245</p>					
2							<p>The Psychiatric costs was reported in the cost report on the Subprovider, line 31.00. The line cost after step-down will be combined with the Adults and Pediatrics, line 25.00. No additional adjustment will be made to reclassify these costs and statistics in the reported cost report format. Total reported Adults and Pediatrics days will be adjusted to include Subprovider days on adjustment number 9 . This adjustment is made in accordance with CMS Pub. 15-1, Section 2336.1.</p>					

Provider Name							Fiscal Period		Provider Number		Adjustments
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		ZZR00145F		20
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
<u>RECLASSIFICATION OF REPORTED COSTS</u>											
3	10A	A			55.00	7	Medical Supplies Charged to Patients	\$2,267,149	\$20,609,096	\$22,876,245	
	10A	A			37.00	7	Operating Room	38,696,538	(16,361,022)	22,335,516 *	
	10A	A			63.00	7	Cardiac Catheterization	7,744,055	(4,248,074)	3,495,981 *	
							To reclassify the chargeable medical supplies costs for proper matching of revenue and expense.				
							CMS Pub. 15-1, Sections 2300, 2304, and 2306				

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider Number		Adjustments	
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA			JANUARY 1, 2009 THROUGH DECEMBER 31, 2009				ZZR00145F		20	
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 COSTS										
4	10	A		6.01	7	Nonpatient Telephones To adjust the patient phone costs to reflect the actual costs per general ledger. CMS Pub. 15-1, Sections 2106.1, 2300, and 2304	\$891,275	(\$72,399)	\$818,876 *	
5	10	A		3.00	7	New Capital Related Costs - Buildings and Fixtures	\$15,545,696	\$9,357	\$15,555,053 *	
	10	A		6.07	7	Other Administrative and General	25,947,210	(4,654)	25,942,556 *	
	10	A		5.00	7	Employee Benefits	68,056,129	(5,898)	68,050,231	
	10	A		6.01	7	Nonpatient Telephones	* 818,876	(2,121)	816,755	
	10	A		6.02	7	Data Processing	25,955,085	(635,072)	25,320,013	
	10	A		6.03	7	Purchasing, Receiving and Stores	1,607,694	(449)	1,607,245	
	10	A		6.04	7	Admitting	2,874,865	(509)	2,874,356	
	10	A		6.06	7	Business Office	7,245,640	(12,950)	7,232,690	
	10	A		6.07	7	Other Administrative and General	* 25,942,556	(9,578)	25,932,978	
	10	A		7.00	7	Maintenance and Repairs	8,683,632	(20,272)	8,663,360	
	10	A		10.00	7	Housekeeping	6,591,321	(4,646)	6,586,675	
	10	A		11.00	7	Dietary	5,352,799	(10,221)	5,342,578	
	10	A		12.00	7	Cafeteria	1,044,081	(246)	1,043,835	
	10	A		14.00	7	Nursing Administration	2,367,027	(449)	2,366,578	
	10	A		15.00	7	Central Services and Supply	3,088,385	(22,768)	3,065,617	
	10	A		16.00	7	Pharmacy	6,878,758	(1,851)	6,876,907	
	10	A		17.00	7	Medical Records and Library	3,884,363	(742)	3,883,621	
	10	A		18.00	7	Social Services	3,711,108	(660)	3,710,448	
	10	A		25.00	7	Adults and Pediatrics	39,234,528	(30,225)	39,204,303	
	10	A		26.00	7	Intensive Care Unit	7,642,577	(17,035)	7,625,542	
	10	A		26.01	7	Nursery Intensive Care Unit	2,511,266	(1,609)	2,509,657	
	10	A		31.00	7	Subprovider	3,283,531	(918)	3,282,613	
	10	A		34.00	7	Skilled Nursing Facility	3,610,267	(8,331)	3,601,936	
	10	A		37.00	7	Operating Room	* 22,335,516	(96,248)	22,239,268	
	10	A		40.00	7	Anesthesiology	414,030	(2,114)	411,916	
	10	A		41.00	7	Radiology - Diagnostic	16,935,713	(124,230)	16,811,483	
	10	A		42.00	7	Radiology - Therapeutic	2,765,543	(108,958)	2,656,585	

-Continued on next page-

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider Number		Adjustments	
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA			JANUARY 1, 2009 THROUGH DECEMBER 31, 2009				ZZR00145F		20	
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 COSTS										
-Continued from previous page-										
5	10	A		43.00	7	Radioisotope	\$1,256,245	(\$13,218)	\$1,243,027	
	10	A		44.00	7	Laboratory	15,183,897	(17,585)	15,166,312	
	10	A		44.01	7	Laboratory - Pathological	2,427,145	(5,112)	2,422,033	
	10	A		47.00	7	Blood Storing and Processing	2,560,131	(1,533)	2,558,598	
	10	A		49.00	7	Respiratory Therapy	4,144,747	(8,415)	4,136,332	
	10	A		50.00	7	Physical Therapy	3,331,237	(4,963)	3,326,274	
	10	A		53.00	7	Electocardiology	2,303,770	(13,795)	2,289,975	
	10	A		54.00	7	Electroencephalography	978,875	(1,788)	977,087	
	10	A		57.00	7	Renal Dialysis	567,016	(170)	566,846	
	10	A		60.00	7	Clinic	2,297,914	(697)	2,297,217	
	10	A		60.03	7	Diabetes Therapy	425,309	(219)	425,090	
	10	A		60.05	7	Cancer Center	1,873,192	(486)	1,872,706	
	10	A		60.06	7	OPIS	212,139	(67)	212,072	
	10	A		61.00	7	Emergency Room	10,157,178	(11,355)	10,145,823	
	10	A		62.01	7	Observation Beds (Distinct Part)	1,750,392	(517)	1,749,875	
	10	A		63.00	7	Cardiac Catheterization	* 3,495,981	(49,362)	3,446,619	
	10	A		93.00	7	Hospice	3,783,364	(6,234)	3,777,130	
To adjust the depreciation expense to agree with the provider's depreciation schedule. CMS Pub. 15-1 15-1, Sections 2300, 2302.4, and 2304										
6	10	A		3.00	7	New Capital Related Costs - Buildings and Fixtures	* \$15,555,053	(\$4,047,420)	\$11,507,633	
To offset interest income against interest costs. CMS Pub. 15-1, Sections 202.2 and 2304										

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider Number		Adjustments
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	ZZR00145F		20
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 STATISTICS</u>										
7	9	B-1			25.00	11	Adults and Pediatrics (Meals Served)	149,874	(11,359)	138,515
	9	B-1			26.00	11	Intensive Care Unit	4,022	1,692	5,714
	9	B-1			31.00	11	Subprovider	13,344	(2,133)	11,211
	9	B-1			33.00	11	Nursery	2,346	(2,346)	0
	9	B-1			101.00	11	Total - Meals Served	180,019	(14,146)	165,873
							To adjust the routine services meals statistics for reasonableness and for proper cost determination.			
							CMS Pub. 15-1, Sections 2300, 2304, 2306, 2307, and 2328			
8	9	B-1			55.00	15	Medical Supplies Charged to Patients (Costed Requisitions)	2,267,149	20,609,096	22,876,245
	9	B-1			37.00	15	Operating Room	16,361,022	(16,361,022)	0
	9	B-1			63.00	15	Cardiac Catheterization	4,248,074	(4,248,074)	0
							To reclassify central supply statistics in conjunction with adjustment number 3.			
							CMS Pub. 15-1, Sections 2304 and 2306			

Provider Name							Fiscal Period		Provider Number		Adjustments
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		ZZR00145F		20
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>											
9	4	D-1	I	XIX	1.00	1	Adults and Pediatrics	44,688	4,554	49,242	
	4	D-1	II	XIX	43.00	2	Intensive Care Unit	3,788	21	3,809	
	4	D-1	II	XIX	43.01	2	Neonatal Intensive Care Unit	1,092	48	1,140	
	N/A	S-3	I	XIX	14.00	6	Subprovider	3,691	(3,691)	0	
							To adjust the reported patient days to agree with the provider's patient census records, and to reclassify Subprovider total patient days to the Adults and Pediatrics cost center, in conjunction with audit adjustment number 2. CMS Pub. 15-1, Sections 2205, 2304, and 2336.1				

Provider Name			Fiscal Period				Provider Number		Adjustments	
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA			JANUARY 1, 2009 THROUGH DECEMBER 31, 2009				ZZR00145F		20	
Report References			Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED TOTAL CHARGES</u>										
10	5	C	II		41.00	8	Radiology - Diagnostics	\$126,024,556	\$17,280,983	\$143,305,539
	5	C	II		44.01	8	Laboratory - Pathological	4,719,781	2,555,105	7,274,886
	5	C	II		53.00	8	Electrocardiology	14,439,889	848,546	15,288,435
	5	C	II		61.00	8	Emergency	48,380,517	10,478,446	58,858,963
To include physician charges associated with the HBP physician services that had been billed by the Provider on a combined basis for proper cost determination. CMS Pub. 15-1, Sections 2182 and 2304										

Provider Name			Fiscal Period				Provider Number		Adjustments	
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA			JANUARY 1, 2009 THROUGH DECEMBER 31, 2009				ZZR00145F		20	
Report References			Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Work Sheet								Part
ADJUSTMENTS TO REPORTED PROVIDER-BASED PHYSICIANS										
11	7	Not Reported			41.00		Radiology - Diagnostic (Total Charges)	\$0	\$143,305,539	\$143,305,539
	7	Not Reported			44.01		Laboratory - Pathological	0	7,274,886	7,274,886
	7	Not Reported			53.00		Electrocardiology	0	15,288,435	15,288,435
	7	Not Reported			61.00		Emergency	0	58,858,963	58,858,963
	7	Not Reported			101.00		Total	0	224,727,823	224,727,823
12	7	Not Reported			41.00		Radiology - Diagnostic (HBP Remuneration)	\$0	\$323,778	\$323,778
	7	Not Reported			44.01		Laboratory - Pathological	0	122,995	122,995
	7	Not Reported			53.00		Electrocardiology	0	169,475	169,475
	7	Not Reported			61.00		Emergency	0	66,900	66,900
	7	Not Reported			101.00		Total	0	683,148	683,148
13	7	Not Reported			41.00		Radiology - Diagnostic (Medi-Cal Charges)	\$0	\$568,769	\$568,769
	7	Not Reported			44.01		Laboratory - Pathological	0	36,918	36,918
	7	Not Reported			53.00		Electrocardiology	0	55,955	55,955
	7	Not Reported			61.00		Emergency	0	291,889	291,889
	7	Not Reported			101.00		Total	0	953,531	953,531
To include total charges, HBP remuneration, and Medi-Cal charges for proper cost determination. CMS Pub. 15-1 Sections 2182 and 2304										

Provider Name							Fiscal Period		Provider Number		Adjustments
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		ZZR00145F		20
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											
14	4	D-1	I	XIX	9.00	1	Medi-Cal Routine Days - Adults and Pediatrics	494	60	554	
	4A	D-1	II	XIX	42.00	4	Medi-Cal Routine Days - Nursery	170	7	177	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Routine Days - Intensive Care Unit	43	22	65	
15	4A	Not Reported					Medi-Cal Administrative Days	0	2	2	
	4A	Not Reported					Medi-Cal Administrative Days - Daily Rate	\$0	\$351.26	\$351.26	
16	6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$652,760	\$234,892	\$887,652	
	6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	70,517	289	70,806	
	6	D-4		XIX	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	40,596	15,699	56,295	
	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	473,045	95,724	568,769	
	6	D-4		XIX	42.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	23,936	(3,869)	20,067	
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	702,907	204,959	907,866	
	6	D-4		XIX	44.01	2	Medi-Cal Ancillary Charges - Laboratory - Pathological	30,816	6,102	36,918	
	6	D-4		XIX	47.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing	29,028	10,549	39,577	
	6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	140,565	57,683	198,248	
	6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	18,067	1,391	19,458	
	6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	43,814	12,141	55,955	
	6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	338,812	44,096	382,908	
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	1,795,774	437,268	2,233,042	
	6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	14,730	8,536	23,266	
	6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	247,366	44,523	291,889	
	6	N/A					Medi-Cal Ancillary Charges - Total	4,638,337	1,169,983	5,808,320	
17	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$2,106,855	\$360,793	\$2,467,648	
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	4,638,337	1,169,983	5,808,320	
18	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$3,188	\$3,188	
	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	2,908	283	3,191	
	1	E-3	III	XIX	57.00	1	Interim Payments	2,304,134	505,564	2,809,698	

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Provider Name COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA							Fiscal Period JANUARY 1, 2009 THROUGH DECEMBER 31, 2009			Provider Number ZZR00145F		Adjustments 20
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						

ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA

-Continued from previous page-

To adjust Medi-Cal Settlement Data to agree with the following
 SURS Paid Claims Summary:
 Report Date: June 27, 2011
 Payment Period: January 1, 2009 through June 27, 2011
 Service Period: January 1, 2009 through December 31, 2009
 CMS Pub. 15-1, Sections 2304, 2404, and 2408
 CCR, Title 22, Section 51511

Provider Name			Fiscal Period				Provider Number		Adjustments	
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA			JANUARY 1, 2009 THROUGH DECEMBER 31, 2009				ZZR00145F		20	
Report References			Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted	
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO OTHER MATTERS</u>										
19	3	Not Reported					Routine Services - Late Billing Cost Reduction To include the late billing cost reduction applicable to routine services. W & I Code, Section 14115 Title 22, CCR, Section 51458.1 CMS Pub. 15-1, Sections 2304 and 2408	\$0	\$12,676	\$12,676
20	N/A	E-3	III	XIX	59.00	1	Protested Amounts To eliminate protested amounts CMS Pub. 15-1, Sections 2300 and 2304 CMS Pub. 15-2, Section 115.2	\$1,000	(\$1,000)	\$0