

**REPORT
ON THE
COST REPORT REVIEW**

**TRINITY HOSPITAL
WEAVERVILLE, CALIFORNIA
PROVIDER NUMBERS: HSP30392H / 1750462271
AND LTC05923H / 1154404010**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Steven Gary
Audit Supervisor: Kelly Ostrom
Auditor: Janice L. Varrone**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

May 27, 2010

Jennifer Van Matre, Controller
Trinity Hospital
410 N. Taylor Street
Weaverville, CA 96093

REISSUE

PROVIDER: TRINITY HOSPITAL
PROVIDER NOS. HSP30392H / 1750462271 AND LTC05923H / 1154404010
FISCAL PERIOD ENDED JUNE 30, 2008

The report is reissued to correct the Summary of Findings for the Distinct Part Nursing Facility reported in Section 5. Also, the Audit Adjustment Schedule includes two additional adjustments; Adjustments 4 and 8 for proper cost determination.

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$122,555 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Distinct Part Nursing Facility Per Diem (DPNF 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. Future Distinct Part Nursing Facility prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Rate Development Branch.

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
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 95899-7413

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.

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

Original Signed By

Steven Gary, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. HSP30392H		
Reported	\$ 277,414	
Net Change	\$ (395,726)	
Audited Amount Due Provider (State)	\$ (118,311)	
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. LTC05923H		
Reported		\$ 280.59
Net Change		\$ (27.20)
Audited Cost Per Day		\$ 253.39
Audited Amount Due Provider (State)	\$ (4,244)	
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)	\$ (122,555)	
9. Total Medi-Cal Cost		\$ 0

SUMMARY OF FINDINGS

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		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. HSP30392H		
	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)	\$ (122,555)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
HSP30392H

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 718,442	\$ 476,911
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 7,688	N/A
4.	\$ 0	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 726,130	\$ 476,911
6. Interim Payments (Adj 14)	\$ (448,716)	\$ (595,222)
7. Balance Due Provider (State)	\$ 277,414	\$ (118,311)
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 277,414	\$ (118,311)
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
TRINITY HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30392H

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 718,442 \$ 477,660

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 12) \$ 297,864 \$ 279,6003. Inpatient Ancillary Service Charges (Adj 12) \$ 526,091 \$ 478,9574. Total Charges - Medi-Cal Inpatient Services \$ 823,955 \$ 758,5575. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 105,513 \$ 280,8976. 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:
TRINITY HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30392H

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>231,246</u>	\$ <u>197,239</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>487,196</u>	\$ <u>271,290</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ _____	\$ _____ 0
4.	\$ _____ 0	\$ _____ 0
5.	\$ _____ 0	\$ _____ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>718,442</u>	\$ <u>468,529</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>(See Schedule 1)</u>	\$ _____ 9,131
8. SUBTOTAL	\$ <u>718,442</u>	\$ <u>477,660</u>
	(To Schedule 2)	
9. Coinsurance (Adj 13)	\$ _____ 0	\$ _____ (749)
10. Patient and Third Party Liability (Adj)	\$ _____ 0	\$ _____ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>718,442</u></u>	\$ <u><u>476,911</u></u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
TRINITY HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30392H

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	1,249.00	1,249.00
2. Inpatient Days (include private, exclude swing-bed)	1,249.00	1,249.00
3. Private Room Days (exclude swing-bed private room) (Adj)	0.00	0.00
4. Semi-Private Room Days (exclude swing-bed) (Adj)	1,249.00	1,249.00
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0.00	0.00
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0.00	0.00
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0.00	0.00
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0.00	0.00
9. Medi-Cal Days (excluding swing-bed) (Adj 10, 15)	375.00	233.50
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)	\$ 1,622,691	\$ 1,451,135
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)	\$ 1,622,691	\$ 1,451,135
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 1,533,704	\$ 1,533,704
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 1,533,704	\$ 1,533,704
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 1.058021	\$ 0.946163
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)	\$ 1,227.95	\$ 1,227.95
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)	\$ 1,622,691	\$ 1,451,135
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,299.19	\$ 1,161.84
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 487,196	\$ 271,290
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 487,196	\$ 271,290

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
TRINITY HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30392H

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, 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
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, 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
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
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	\$ 0

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
TRINITY HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30392H

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)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSP30392H

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
37.00	Operating Room	\$ 415,595	\$ 1,516,684	0.274016	\$ 42,860	\$ 11,744
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	0	0	0.000000	0	0
40.00	Anesthesiology	418,498	497,726	0.840821	10,880	9,148
41.00	Radiology - Diagnostic	989,333	2,274,802	0.434909	69,628	30,282
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	0	0	0.000000	0	0
44.00	Laboratory	1,173,438	1,670,095	0.702618	53,413	37,529
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	54,454	247,510	0.220006	27,603	6,073
50.00	Physical Therapy	28,852	28,587	1.009277	1,285	1,297
51.00	Occupational Therapy	0	0	0.000000	0	0
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	25,088	147,676	0.169885	2,237	380
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	64,185	897,503	0.071515	50,248	3,593
56.00	Drugs Charged to Patients	706,662	1,559,567	0.453114	190,607	86,367
57.00	Renal Dialysis	0	0	0.000000	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00		0	0	0.000000	0	0
59.01		0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	1,014,082	2,828,382	0.358538	30,196	10,826
63.50	Rural Health Clinic	732,245	857,685	0.853745	0	0
71.00	Home Health Agency	235,431	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 5,857,862	\$ 12,526,217		\$ 478,957	\$ 197,239

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSP30392H

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj 8,9)	MEDI-CAL COST
40.00	Anesthesiology	\$ 0	\$ 0	0.000000	\$	\$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	24,000	1,670,095	0.014370	53,413	768
53.00	Electrocardiology	3,150	147,676	0.021330	2,237	48
54.00	Electroencephalography	0	0	0.000000		0
61.00	Emergency	778,887	2,828,382	0.275383	30,196	8,315
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 806,037	\$ 4,646,153		\$ 85,846	\$ 9,131

(To Schedule 3)

**COMPUTATION OF
DISTINCT PART NURSING FACILITY PER DIEM**

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC05923H

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ _____	\$ _____ 0	\$ _____ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 2,265,185	\$ 2,045,585	\$ (219,600)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 2,265,185	\$ 2,045,585	\$ (219,600)
4. Total Distinct Part Patient Days (Adj)	8,073	8,073	0
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 280.59	\$ 253.39	\$ (27.20)
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj 17)	\$ _____ 0	\$ _____ (4,244)	\$ _____ (4,244)
7. Medi-Cal Credit Balances (Adj)	\$ _____ 0	\$ _____ 0	\$ _____ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (4,244)	\$ _____ (4,244)
		(To Summary of Findings)	
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	26	26	0
10. Total Licensed Capacity (All levels) (Adj)	51	51	0
11. Total Medi-Cal DP Patient Days (Adj 16)	7,498	7,332	(166)
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ _____ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 15,092	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 15,092	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 673,335	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 477,320	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 1,150,655	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC05923H

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 965,831	\$ 965,842	\$ 11
1.00	Old Cap Rel Costs-Bldg & Fixtures		0	0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	40,934	4,444	(36,490)
4.00	New Cap Rel Costs-Movable Equipment	52,337	1,617	(50,720)
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	13,759	12,822	(937)
6.01	Non-Patient Telephones	6,393	6,214	(179)
6.02	Admitting	35,340	32,547	(2,793)
6.03	Cashiering/Accounts Receivable	86,732	77,936	(8,796)
6.00	Administrative and General		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.04	Other Administrative and General	149,019	153,144	4,125
7.00	Maintenance and Repairs	41,557	35,153	(6,404)
8.00	Operation of Plant	53,053	49,344	(3,709)
9.00	Laundry and Linen Service	78,458	63,860	(14,598)
10.00	Housekeeping	47,043	46,724	(319)
11.00	Dietary	393,730	362,286	(31,444)
12.00	Cafeteria	18,966	16,539	(2,427)
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	83,098	78,654	(4,444)
15.00	Central Services & Supply	12,533	8,752	(3,781)
16.00	Pharmacy		0	0
17.00	Medical Records and Library	54,366	49,258	(5,108)
18.00	Social Service	132,036	80,450	(51,586)
19.00			0	0
19.02			0	0
19.03			0	0
20.00	NonPhysician Anesthetists		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
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 2,265,185	\$ 2,045,585	\$ (219,600)

(To DPNF Sch 1)

* From Schedule 8, Part I, line 34 plus line 35.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC05923H

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
ANCILLARY COST CENTERS					(From DPNF Sch 4)	
49.00	Respiratory Therapy	\$	\$	0.000000	\$ 0	\$ 0
55.00	Med Supply Charged to Patients			0.000000	0	0
56.00	Drugs Charged to Patients			0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	\$ 0	\$ 0	0.000000	\$ 0	\$ 0

(To DPNF Sch 1)

* From Schedule 8, Column 27.
 ** Total Distinct Part Ancillary Charges included in the rate.
 *** Total Distinct Part Ancillary Costs included in the rate.

ADJUSTMENTS TO TOTAL
DISTINCT PART ANCILLARY CHARGES

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC05923H

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	AUDITED
49.00	Respiratory Therapy	\$	\$	\$ 0
55.00	Med Supply Charged to Patients			0
56.00	Drugs Charged to Patients			0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
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				0
				0
				0
				0
				0
				0
				0
TOTAL DP ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

(To DPNF Sch 3)

**ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY**

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC05923H

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	4,444	N/A
4.00	New Cap Rel Costs-Movable Equipment	1,617	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	65	12,757
6.01	Non-Patient Telephones	26	0
6.02	Admitting	49	22,055
6.03	Cashiering/Accounts Receivable	271	43,752
6.00	Administrative and General	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.04	Other Administrative and General	314	57,655
7.00	Maintenance and Repairs	436	18,573
8.00	Operation of Plant	282	2,972
9.00	Laundry and Linen Service	972	5,430
10.00	Housekeeping	70	30,840
11.00	Dietary	2,332	163,193
12.00	Cafeteria	168	7,324
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	360	52,088
15.00	Central Services & Supply	244	4,773
16.00	Pharmacy	0	0
17.00	Medical Records and Library	167	29,265
18.00	Social Service	3,277	26,642
19.00		0	0
19.02		0	0
19.03		0	0
20.00	NonPhysician Anesthetists	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
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 15,092	\$ 477,320

* These amounts include both Skilled Nursing Facility expenses, line 34 and Nursing Facility expenses, line 35.

(To DPNF SCH 1)

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
ANCILLARY COST CENTERS												
37.00 Operating Room	198,305	0	0	1,133	412	0	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	1,290	0	0	555	202	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	656,518	0	0	1,865	679	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	862,358	0	0	1,095	398	0	0	0	0	0	0	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	11,952	0	0	645	235	0	0	0	0	0	0	0
50.00 Physical Therapy	22,923	0	0	0	0	0	0	0	0	0	0	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	0	475	173	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	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
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	595,009	0	0	1,832	667	0	0	0	0	0	0	0
63.50 Rural Health Clinic	516,171	0	0	1,367	497	0	0	0	0	0	0	0
71.00 Home Health Agency	189,901	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	127	46	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Dental Office	318,935	0	0	903	328	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	9,775,622	0	0	37,231	13,545	0	0	0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name: TRINITY HOSPITAL
 Fiscal Period Ended: JUNE 30, 2008

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 6.00	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.04
ANCILLARY COST CENTERS												
37.00 Operating Room	0	1,672	654	19,693	47,156	0	0	0	0	0	269,024	37,406
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	6,463	15,475	0	0	0	0	0	23,985	3,335
41.00 Radiology - Diagnostic	0	5,525	1,635	29,536	70,727	0	0	0	0	0	766,485	106,574
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	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioscope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	6,079	1,962	21,685	51,926	0	0	0	0	0	945,502	131,464
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	79	327	3,214	7,695	0	0	0	0	0	24,147	3,357
50.00 Physical Therapy	0	0	654	371	889	0	0	0	0	0	24,837	3,453
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	0	1,917	4,591	0	0	0	0	0	7,157	995
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	1,308	11,653	27,905	0	0	0	0	0	40,866	5,682
56.00 Drugs Charged to Patients	0	0	0	20,250	48,489	0	0	0	0	0	68,739	9,558
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	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
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	8,503	2,289	36,724	87,939	0	0	0	0	0	732,962	101,912
63.50 Rural Health Clinic	0	7,772	4,251	11,136	26,667	0	0	0	0	0	567,861	78,956
71.00 Home Health Agency	0	2,623	1,635	0	0	0	0	0	0	0	194,159	26,996
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	327	0	0	0	0	0	0	0	500	69
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Dental Office	0	4,416	981	0	0	0	0	0	0	0	325,563	45,267
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	95,493	51,017	215,101	515,080	0	0	0	0	0	9,775,622	1,193,302

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

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	8,960	12,577	0	11,909	0	2,156	0	13,476	30,283	0	29,804	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	4,391	6,164	0	5,837	0	0	0	0	0	0	9,781	0
41.00 Radiology - Diagnostic	14,753	20,709	0	19,609	0	7,126	0	4,393	4,982	0	44,702	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	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	8,659	12,155	3,205	11,510	0	7,841	0	1,892	18,391	0	32,819	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	5,100	7,159	0	6,779	0	102	0	715	2,232	0	4,864	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	562	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	3,759	5,277	0	4,997	0	0	0	0	0	0	2,902	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	17,637	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	597,718	30,647	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	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
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	14,491	20,341	8,870	19,261	1,715	10,967	0	33,410	14,571	0	55,580	0
63.50 Rural Health Clinic	10,808	15,172	0	14,367	0	10,025	0	12,442	5,759	0	16,854	0
71.00 Home Health Agency	0	0	0	0	0	3,383	0	8,894	1,998	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	1,001	1,406	0	1,331	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Dental Office	7,141	10,025	2,818	9,492	0	5,696	0	0	10,730	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	247,555	333,632	84,121	304,748	501,468	90,103	0	210,593	116,170	597,718	325,549	80,450

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

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	POST STEP-DOWN ADJUSTMENT	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	415,595	0	415,595
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	365,006	0	0	0	0	418,498	0	418,498
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	989,333	0	989,333
41.01	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	0	0	0	0	0	0	0	1,173,438	0	1,173,438
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	54,454	0	54,454
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	28,852	0	28,852
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiography	0	0	0	0	0	0	0	0	25,088	0	25,088
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	64,185	0	64,185
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	706,662	0	706,662
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	1,014,082	0	1,014,082
63.50 Rural Health Clinic	0	0	0	0	0	0	0	0	732,245	0	732,245
71.00 Home Health Agency	0	0	0	0	0	0	0	0	235,431	0	235,431
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	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	4,308	0	4,308
97.00 Research	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
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00 Dental Office	0	0	0	0	0	0	0	0	416,732	0	416,732
100.01	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	365,006	0	0	0	0	9,775,622	0	9,775,622

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES) 5.00 (Adj) (Adj)	NON- PATIENT TELEPHONES 6.01 (Adj 4) (Adj)	ADMITTING (GROSS CHARGES) 6.02 (Adj 5) (Adj)	CASHIERING (GROSS CHARGES) 6.03 (Adj 6) (Adj)	OTHER ADMIN (ACCUM. COST) 6.00 (Adj) (Adj)	STAT	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj) (Adj)
ANCILLARY COST CENTERS										
37.00	87,788	2	1,516,684	1,516,684					269,024	1,163
38.00									0	
39.00									0	
40.00			497,726	497,726					23,985	570
41.00	290,118	5	2,274,802	2,274,802					766,485	1,915
41.01									0	
41.02									0	
42.00									0	
43.00									0	
44.00									0	
44.01	319,201	6	1,670,095	1,670,095					945,502	1,124
46.00									0	
47.00									0	
48.00									0	
49.00	4,148	1	247,510	247,510					24,147	662
50.00		2	28,587	28,587					24,837	
51.00		0							0	
52.00									0	
53.00			147,676	147,676					7,157	488
54.00									0	
55.00		4	897,503	897,503					40,866	
56.00			1,559,567	1,559,567					68,739	
57.00									0	
58.00									0	
59.00									0	
59.01									0	
59.02									0	
59.03									0	
60.00									0	
60.01									0	
61.00	446,496	7	2,828,382	2,828,382					732,962	1,881
63.50	408,115	13	857,685	857,685					567,861	1,403
71.00	137,739	5							194,159	
82.00									0	
83.00									0	
84.00									0	
85.00									0	
86.00									0	
NONREIMBURSABLE COST CENTERS										
96.00		1							500	130
97.00									0	
98.00									0	
99.00									0	
99.01									0	
99.02									0	
99.03									0	
99.04									0	
99.05									0	
100.00	231,892	3							325,563	927
100.01									0	
100.02									0	
100.03									0	
100.04									0	
TOTAL	5,014,609	156	16,566,581	16,566,581	0	0	0	0	8,582,320	32,134
COST TO BE ALLOCATED	95,493	51,017	215,101	515,080	0	0	0	0	1,193,302	247,555
UNIT COST MULTIPLIER - SCH 8	0.019043	327.031308	0.012984	0.031092	0.000000	0.000000	0.000000	0.000000	0.139042	7.703842

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (HR SERV) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS CHARGES) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT
ANCILLARY COST CENTERS												
37.00	1,163		1,163		87,788		6,240	83,865		1,516,684		
38.00												
39.00	570		570				2,034	13,798		497,726		
40.00	1,915		1,915		290,118					2,274,802		
41.00												
41.01												
41.02												
42.00												
43.00												
44.00												
44.01	1,124	1,448	1,124		319,201		876	50,932		1,670,095		
46.00												
47.00												
48.00												
49.00	662		662		4,148		331	6,180		247,510		19.00 (Adj)
50.00										28,587		(Adj)
51.00												(Adj)
52.00	488		488							147,676		(Adj)
53.00												(Adj)
54.00												(Adj)
55.00										897,503	100	(Adj)
56.00										1,559,567		(Adj)
57.00												(Adj)
58.00												(Adj)
59.00												(Adj)
59.01												(Adj)
59.02												(Adj)
59.03												(Adj)
60.00												(Adj)
60.01												(Adj)
61.00	1,881	4,007	1,881	114	446,496		15,470	40,354		2,828,382		(Adj)
63.00	1,403		1,403		408,115		5,761	15,950		857,685		(Adj)
71.00					137,739		4,118	5,534				(Adj)
82.00												(Adj)
83.00												(Adj)
84.00												(Adj)
85.00												(Adj)
86.00												(Adj)
NONREIMBURSABLE COST CENTERS												
96.00	130		130									
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00	927	1,273	927		231,892			29,715				
100.01												
100.02												
100.03												
100.04												
TOTAL	30,852	38,002	29,761	33,331	3,688,160	0	97,511	321,720	100	16,566,581	100	0
COST TO BE ALLOCATED	333,632	84,121	304,748	501,468	90,103	0	210,593	116,170	597,718	325,549	80,450	0
UNIT COST MULTIPLIER - SCH 8	10.813946	2.213591	10.239845	15.045089	0.024563	0.000000	2.159688	0.361091	5977.183022	0.019651	804.496670	0.000000

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	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)
GENERAL SERVICE COST CENTERS							
1.00 Old Cap Rel Costs-Bldg & Fixtures	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
2.00 Old Cap Rel Costs-Movable Equipment							
3.00 New Cap Rel Costs-Bldg & Fixtures							
4.00 New Cap Rel Costs-Movable Equipment							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00 Employee Benefits							
6.01 Non-Patient Telephones							
6.02 Admitting							
6.03 Cashiering/Accounts Receivable							
6.00 Administrative and General							
6.05 Patient Business Office							
6.06							
6.07							
6.08							
6.04 Other Administrative and General							
7.00 Maintenance and Repairs							
8.00 Operation of Plant							
9.00 Laundry and Linen Service							
10.00 Housekeeping							
11.00 Dietary							
12.00 Cafeteria							
13.00 Maintenance of Personnel							
14.00 Nursing Administration							
15.00 Central Services & Supply							
16.00 Pharmacy							
17.00 Medical Records and Library							
18.00 Social Service							
19.00							
19.02							
19.03							
20.00 NonPhysician Anesthetists							
21.00 Nursing School							
22.00 Intern & Res Service-Salary & Fringes							
23.00 Intern & Res Other Program							
24.00 Paramedical Ed Program							
INPATIENT ROUTINE COST CENTERS							
25.00 Adults & Pediatrics (Gen Routine)							
26.00 Intensive Care Unit							
27.00 Coronary Care Unit							
28.00 Neonatal Intensive Care Unit							
29.00 Surgical Intensive Care							
30.00 Subprovider I							
31.00 Subprovider II							
32.00							
33.00 Nursery							
34.00 Skilled 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							

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	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)
ANCILLARY COST CENTERS							
Operating Room	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
Recovery Room							
Delivery Room and Labor Room							
Anesthesiology							
Radiology - Diagnostic							
	41.01						
	41.02						
Radiology - Therapeutic							
Radioisotope Laboratory							
Pathological Lab							
Whole Blood							
Blood Storing and Processing							
Intravenous Therapy							
Respiratory Therapy							
Physical Therapy							
Occupational Therapy							
Speech Pathology							
Electrocardiology							
Electroencephalography							
Medical Supplies Charged to Patients							
Drugs Charged to Patients							
Renal Dialysis							
ASC (Non-Distinct Part)							
	59.00						
	59.01						
	59.02						
	59.03						
Clinic							
Other Clinic Services							
Emergency							
Rural Health Clinic							
Home Health Agency							
	82.00						
	83.00						
	84.00						
	85.00						
	86.00						
NONREIMBURSABLE COST CENTERS							
Gift, Flower, Coffee Shop & Canteen							
Research							
Physicians' Private Office							
Nonpaid Workers							
	99.01						
	99.02						
	99.03						
	99.04						
	99.05						
Dental Office							
	100.00						
	100.01						
	100.02						
	100.03						
	100.04						
TOTAL	0	0	0	100	0	0	0
COST TO BE ALLOCATED	0	0	365,006	0	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	3650.058708	0.000000	0.000000	0.000000	0.000000

100

TRIAL BALANCE OF EXPENSES

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	342,900	(305,669)	37,231
4.00	New Cap Rel Costs-Movable Equipment	438,421	(424,876)	13,545
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	95,008	0	95,008
6.01	Non-Patient Telephones	49,259	1,548	50,807
6.02	Admitting	205,555	0	205,555
6.03	Cashiering/Accounts Receivable	499,265	1,806	501,071
6.00	Administrative and General		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.04	Other Administrative and General	1,095,477	81,485	1,176,962
7.00	Maintenance and Repairs	211,259	200	211,459
8.00	Operation of Plant	282,532	0	282,532
9.00	Laundry and Linen Service	58,595	0	58,595
10.00	Housekeeping	259,485	0	259,485
11.00	Dietary	378,586	0	378,586
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	162,999	0	162,999
15.00	Central Services & Supply	41,959	0	41,959
16.00	Pharmacy	484,744	13,373	498,117
17.00	Medical Records and Library	261,414	0	261,414
18.00	Social Service	11,700	0	11,700
19.00			0	0
19.02			0	0
19.03			0	0
20.00	NonPhysician Anesthetists	320,450	0	320,450
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)	868,839	104	868,943
26.00	Intensive Care Unit		0	0
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery		0	0
34.00	Skilled Nursing Facility	965,831	11	965,842
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:
TRINITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 197,013	\$ 1,292	\$ 198,305
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room		0	0
40.00	Anesthesiology	1,290	0	1,290
41.00	Radiology - Diagnostic	655,526	992	656,518
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	849,759	12,599	862,358
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	11,952	0	11,952
50.00	Physical Therapy	22,923	0	22,923
51.00	Occupational Therapy		0	0
52.00	Speech Pathology		0	0
53.00	Electrocardiology		0	0
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients		0	0
56.00	Drugs Charged to Patients		0	0
57.00	Renal Dialysis		0	0
58.00	ASC (Non-Distinct Part)		0	0
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency	595,009	0	595,009
63.50	Rural Health Clinic	516,171	0	516,171
71.00	Home Health Agency	189,901	0	189,901
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 10,073,822	\$ (617,135)	\$ 9,456,687
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00	Dental Office	318,885	50	318,935
100.01			0	0
100.02			0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 318,885	\$ 50	\$ 318,935
101	TOTAL	\$ 10,392,707	\$ (617,085)	\$ 9,775,622

(To Schedule 8)

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
ANCILLARY COST CENTERS																			
37.00 Operating Room	1,292	1,292																	
38.00 Recovery Room	0																		
39.00 Delivery Room and Labor Room	0																		
40.00 Anesthesiology	0																		
41.00 Radiology - Diagnostic	992		992																
41.01	0																		
41.02	0																		
42.00 Radiology - Therapeutic	0																		
43.00 Radioisotope	0																		
44.00 Laboratory	12,599	(4,105)	16,704																
44.01 Pathological Lab	0																		
46.00 Whole Blood	0																		
47.00 Blood Storing and Processing	0																		
48.00 Intravenous Therapy	0																		
49.00 Respiratory Therapy	0																		
50.00 Physical Therapy	0																		
51.00 Occupational Therapy	0																		
52.00 Speech Pathology	0																		
53.00 Electrocardiology	0																		
54.00 Electroencephalography	0																		
55.00 Medical Supplies Charged to Patients	0																		
56.00 Drugs Charged to Patients	0																		
57.00 Renal Dialysis	0																		
58.00 ASC (Non-Distinct Part)	0																		
59.00	0																		
59.01	0																		
59.02	0																		
59.03	0																		
60.00 Clinic	0																		
60.01 Other Clinic Services	0																		
61.00 Emergency	0																		
63.50 Rural Health Clinic	0																		
71.00 Home Health Agency	0																		
82.00	0																		
83.00	0																		
84.00	0																		
85.00	0																		
86.00	0																		
NONREIMBURSABLE COST CENTERS																			
96.00 Gift, Flower, Coffee Shop & Canteen	0																		
97.00 Research	0																		
98.00 Physicians' Private Office	0																		
99.00 Nonpaid Workers	0																		
99.01	0																		
99.02	0																		
99.03	0																		
99.04	0																		
99.05	0																		
100.00 Dental Office	50		50																
100.01	0																		
100.02	0																		
100.03	0																		
100.04	0																		
101.00 TOTAL	(\$617,085)	0	0	(617,085)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name		Fiscal Period		Provider Number		Adjustments	
TRINITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30392H		17	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
RECLASSIFICATIONS OF REPORTED COSTS							
1	10A	A	4.00	7	\$438,421	(\$57,745)	\$380,676 *
	10A	A	44.00	7	849,759	(4,105)	845,654 *
	10A	A	6.01	7	49,259	1,548	50,807
	10A	A	6.03	7	499,265	1,806	501,071
	10A	A	6.04	7	1,095,477	43,631	1,139,108 *
	10A	A	7.00	7	211,259	200	211,459
	10A	A	16.00	7	484,744	13,373	498,117
	10A	A	37.00	7	197,013	1,292	198,305
New Cap Rel Costs-Movable Equipment Laboratory Non-Patient Telephones Cashiering/Accounts Receivable Other Administrative and General Maintenance and Repairs Pharmacy Operating Room To reverse the provider's reclassification of departmental equipment rental expense in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304 and 2307A							
2	10A	A	4.00	7	\$380,676	(\$55,715)	\$324,961 *
	10A	A	6.04	7	1,139,108	37,854	1,176,962
	10A	A	25.00	7	868,839	104	868,943
	10A	A	34.00	7	965,831	11	965,842
	10A	A	41.00	7	655,526	992	656,518
	10A	A	44.00	7	845,654	16,704	862,358
	10A	A	100.00	7	318,885	50	318,935
New Cap Rel Costs-Movable Equipment Other Administrative and General Adults & Pediatrics (Gen Routine) Skilled Nursing Facility Radiology - Diagnostic Laboratory Dental Office To reclassify movable equipment depreciation in Capital Related Costs in order to directly assign the costs. 42 CFR 413.24 and 413.134 CMS Pub. 15-1, Sections 2304 and 2307A							

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
TRINITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30392H		17		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line			
Explanation of Audit Adjustments								
<u>ADJUSTMENT TO REPORTED COSTS</u>								
3	10A	A	3.00	7	New Cap Rel Costs-Bldg & Fixtures	\$342,900	(\$305,669)	\$37,231
	10A	A	4.00	7	New Cap Rel Costs-Movable Equipment	324,961	(311,416)	13,545
* To eliminate nonallowable depreciation expense for assets subject to DEFRA. 42 CFR 413.134 / CMS Pub. 15-1, Section 104.10								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
TRINITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30392H		17		
Adj. No.	Audit Report	Work Sheet	Report References			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
Explanation of Audit Adjustments								
ADJUSTMENTS TO REPORTED STATISTICS								
4	9	B-1	50.00	6.01	Physical Therapy (Number of Phones)	1	1	2
	9	B-1	51.00	6.01	Occupational Therapy	1	(1)	0
To reclassify nonpatient telephones for proper cost finding.								
42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306								
5	9	B-1	61.00	6.02	Emergency (Gross Charges)	1,836,001	992,381	2,828,382
	9	B-1	101.00	6.02	Total - Gross Charges	15,574,200	992,381	16,566,581
To properly include Hospital Based Physician gross charges that are combined billed, and included in the audited costs for proper cost finding.								
42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306								
6	9	B-1	61.00	6.03	Emergency (Gross Charges)	1,836,001	992,381	2,828,382
	9	B-1	101.00	6.03	Total - Gross Charges	15,574,200	992,381	16,566,581
To properly include Hospital Based Physician gross charges that are combined billed, and included in the audited costs for proper cost finding.								
42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306								
7	9	B-1	61.00	17.00	Emergency (Gross Charges)	1,836,001	992,381	2,828,382
	9	B-1	101.00	17.00	Total - Gross Charges	15,574,200	992,381	16,566,581
To properly include Hospital Based Physician gross charges that are combined billed, and included in the audited costs for proper cost finding.								
42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306								

Provider Name		Fiscal Period		Provider Number		Adjustments	
TRINITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30392H		17	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
ADJUSTMENTS TO REPORTED PROVIDER-BASED PHYSICIANS							
8	7	N/A		44.00	Laboratory	\$0	\$50,909 *
	7	N/A		53.00	Electrocardiology	0	16,563 *
	7	N/A		61.00	Emergency	0	23,978 *
To set up charges applicable for the PBP reimbursement for proper cost finding. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2182, 2300, and 2304							
9	7	N/A		44.00	Laboratory	\$50,909	\$53,413
	7	N/A		53.00	Electrocardiology	16,563	(14,326)
	7	N/A		61.00	Emergency	23,978	6,218
To adjust Medi-Cal charges applicable to PBP reimbursement to agree with the following EDS Paid Claims Summary Report Date: July 15, 2009 Payment Period: July 1, 2007 through August 30, 2009 Service Period: July 1, 2007 through June 30, 2008 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541							

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments				
TRINITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30392H		17				
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted			
		Work Sheet	Part	Title						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
10	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	375	(141)	234 *
11	6	D-4	I	XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$49,037	(\$6,177)	\$42,860
6	6	D-4	I	XIX	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	23,567	(12,687)	10,880
6	6	D-4	I	XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	75,701	(6,073)	69,628
6	6	D-4	I	XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	50,909	2,504	53,413
6	6	D-4	I	XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	72,763	(45,160)	27,603
6	6	D-4	I	XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	956	329	1,285
6	6	D-4	I	XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	16,563	(14,326)	2,237
6	6	D-4	I	XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	18,094	32,154	50,248
6	6	D-4	I	XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	193,519	(2,912)	190,607
6	6	D-4	I	XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	24,982	5,214	30,196
6	6	D-4	I	XIX	100.00	2	Medi-Cal Ancillary Charges - Total	526,091	(47,134)	478,957
12	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$297,864	(\$18,264)	\$279,600
2	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	526,091	(47,134)	478,957
13	3	E-3	III	XIX	36.00	1	Coinsurance	\$0	\$749	\$749
14	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$448,716	\$146,506	\$595,222

To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary as follows:
 Report Date: July 15, 2009
 Payment Period: July 1, 2007 through June 29, 2009
 Service Period: July 1, 2007 through June 30, 2008
 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139
 CMS Pub. 15-1, Sections 2304, 2404, and 2408
 CCR, Title 22, Section 51541

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments	
TRINITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30392H		17	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
		Line	Col.	Explanation of Audit Adjustments			
15	4	D-1	1	XIX	9.00	234	233.50
		I	1			(0.50)	
<p>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</p> <p>Medi-Cal Days - Adults and Pediatrics * To eliminate Medi-Cal routine days for billed Medi-Cal days by 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of service, respectively. W & I Code 14115</p>							

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments				
TRINITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30392H		17				
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted			
		Work Sheet	Part	Title						
		Line	Col.	Explanation of Audit Adjustments						
16	DPNF 1	S-3	I	XIX	15.00	5	Medi-Cal Days - Skilled Nursing Facility	7,498	(166)	7,332
<p>To adjust the DPNF Settlement Data to agree with the following EDS Paid Claims Summary:</p> <p>Report Date: July 15, 2009 Payment Period: July 1, 2007 through August 30, 2009 Service Period: July 1, 2007 through June 30, 2008 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>										
ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF										

Provider Name		Fiscal Period		Provider Number		Adjustments		
TRINITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30392H		17		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
17	DPNF 1	N/A				\$0	\$4,244	\$4,244
Medi-Cal Overpayments To recover Medi-Cal duplicate payments. 42 CFR 433.139 / CMS Pub. 15-1, Section 2409 CCR, Title 22, Section 51458.1								
<u>ADJUSTMENTS TO OTHER MATTERS</u>								