

**REPORT
ON THE
COST REPORT REVIEW**

**SAN DIMAS COMMUNITY HOSPITAL
SAN DIMAS, CALIFORNIA
PROVIDER NUMBER: HSC 30588G
NATIONAL PROVIDER IDENTIFIER: 1740447945**

**FISCAL PERIOD
JULY 1, 2008 THROUGH DECEMBER 31, 2008**

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

**Section Chief: Julio M. Cueto
Audit Supervisor: Lucia Martinez
Auditor: Margarita Gamboa**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 19, 2011

Pete Lou, Controller
Prime Healthcare Management Services, Inc.
3300 E. Guasti Road, 3rd Floor
Ontario, CA 91761

SAN DIMAS COMMUNITY HOSPITAL
PROVIDER NUMBER HSC 30588G
NATIONAL PROVIDER IDENTIFIER (NPI) 1740447945
FISCAL PERIOD JULY 1, 2008 THROUGH DECEMBER 31, 2008

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal Paid Claims Summary Report, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$857,013, 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 Cost (CONTRACT Schedules)
3. Audited Allocation of Home Office Cost
4. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

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

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

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.

If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

Julio M. Cueto, Chief
Audits Section—Rancho Cucamonga
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. HSP 30588G		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
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. HSC 30588G		
Reported		\$ 1,444,924
Net Change		\$ (139,439)
Audited Cost		\$ 1,305,485
Audited Amount Due Provider (State)	\$ (857,013)	
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)	\$ (857,013)	
9. Total Medi-Cal Cost		\$ 1,305,485

SUMMARY OF FINDINGS

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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.		
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)	\$ (857,013)	

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30588G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 1,444,924	\$ 1,305,485
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.	\$ 0	\$ 0
5. Subtotal (Sum of Lines 1 through 4)	\$ 1,444,924	\$ 1,305,485
6.	\$ 0	\$ 0
7.	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 1,444,924	\$ 1,305,485
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj 10)	\$ 0	\$ (846,614)
10. Medi-Cal Credit Balances (Adj 9)	\$ 0	\$ (10,399)
11.	\$ 0	\$ 0
12.	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (857,013)
	(To Summary of Findings)	

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

**Provider Name:
SAN DIMAS COMMUNITY HOSPITAL**

**Fiscal Period Ended:
DECEMBER 31, 2008**

**Provider No:
HSC 30588G**

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>1,444,924</u>	\$ <u>1,335,773</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 7)	\$ <u>2,443,281</u>	\$ <u>2,177,683</u>
3. Inpatient Ancillary Service Charges (Adj 7)	\$ <u>6,795,200</u>	\$ <u>6,089,158</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>9,238,481</u>	\$ <u>8,266,841</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>7,793,557</u>	\$ <u>6,931,068</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

**COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES**

**Provider Name:
SAN DIMAS COMMUNITY HOSPITAL**

**Fiscal Period Ended:
DECEMBER 31, 2008**

**Provider No:
HSC 30588G**

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>608,724</u>	\$ <u>571,245</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>836,200</u>	\$ <u>764,528</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>1,444,924</u>	\$ <u>1,335,773</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ <u>Contract Sch 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>1,444,924</u>	\$ <u>1,335,773</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 8)	\$ <u>0</u>	\$ <u>(26,854)</u>
10. Patient and Third Party Liability (Adj 8)	\$ <u>0</u>	\$ <u>(3,434)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>1,444,924</u></u>	\$ <u><u>1,305,485</u></u>
	(To Contract Sch 1)	

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

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30588G

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	7,199	7,199
2. Inpatient Days (include private, exclude swing-bed)	7,199	7,199
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	7,199	7,199
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 5)	571	506

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, Part I, Line 25, Col 27)	\$ 7,366,842	\$ 7,281,727
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)	\$ 7,366,842	\$ 7,281,727

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.000000	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 7,366,842	\$ 7,281,727

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,023.31	\$ 1,011.49
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 584,310	\$ 511,814
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 251,890	\$ 252,714
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 836,200	\$ 764,528

(To Contract Sch 3)

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

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30588G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 305,010	\$ 303,615
2. Total Inpatient Days (Adj)	582	582
3. Average Per Diem Cost	\$ 524.07	\$ 521.68
4. Medi-Cal Inpatient Days (Adj 5)	17	20
5. Cost Applicable to Medi-Cal	\$ 8,909	\$ 10,434
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 1,973,000	\$ 1,967,318
7. Total Inpatient Days (Adj)	1,218	1,218
8. Average Per Diem Cost	\$ 1,619.87	\$ 1,615.20
9. Medi-Cal Inpatient Days (Adj)	150	150
10. Cost Applicable to Medi-Cal	\$ 242,981	\$ 242,280
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
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)	\$ 251,890	\$ 252,714

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30588G

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 Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30588G

Table with 6 columns: Ancillary Cost Centers, Total Ancillary Cost*, Total Ancillary Charges (Adj), Ratio Cost to Charges, Medi-Cal Charges (Contract Sch 6), and Medi-Cal Cost. Rows include Operating Room, Recovery Room, Delivery Room, Radiology, Laboratory, and various therapy services, ending with a TOTAL row.

(To Contract Sch 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
 SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
 DECEMBER 31, 2008

Provider No:
 HSC 30588G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 6)	AUDITED
37.00	Operating Room	\$ 319,263	\$ (9,335)	\$ 309,928
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room	61,153	(26,767)	34,386
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic	243,391	(21,691)	221,700
41.01	Radiology - CT Scan	491,853	(26,492)	465,361
41.02	Radiology - Ultrasound	85,043	(28,838)	56,205
41.03	Radiology - G.I. Lab	37,943	(11,487)	26,456
42.00	Radiology - Therapeutic			0
43.00	Radioisotope	43,307	(13,949)	29,358
44.00	Laboratory	884,396	20,479	904,875
44.01	Pathological Lab			0
46.00	Whole Blood			0
47.00	Blood Storing, Processing, and Trans	43,071	(5,940)	37,131
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	1,472,614	(562,706)	909,908
50.00	Physical Therapy	60,082	(10,684)	49,398
51.00	Occupational Therapy	4,478	(2,127)	2,351
52.00	Speech Pathology	1,452	(726)	726
53.00	Electrocardiology	250,198	(3,991)	246,207
54.00	Electroencephalography			0
55.00	Medical Supplies Charged to Patients	811,332	238,481	1,049,813
56.00	Drugs Charged to Patients	1,607,136	(265,248)	1,341,888
57.00	Renal Dialysis	76,550	1,875	78,425
58.00	ASC (Non-Distinct Part)			0
59.01				0
59.02				0
59.03				0
60.00	Clinic			0
60.01	Other Clinic Services			0
61.00	Emergency	301,938	23,104	325,042
62.00	Observation Beds			0
71.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 6,795,200	\$ (706,042)	\$ 6,089,158

(To Contract Sch 5)

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30588G

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
40.00	Anesthesiology	\$ 0	\$ 0	0.000000	\$ 0	\$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	0	0	0.000000		0
53.00	Electrocardiology	0	0	0.000000		0
54.00	Electroencephalography	0	0	0.000000		0
61.00	Emergency	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
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Contract Sch 3)

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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	1,138,806	0	0	165,520	300	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	328,276	0	0	45,264	82	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	808,601	0	0	49,522	90	0	0	0	0	0	0	0
41.01 Radiology - CT Scan	167,447	0	0	13,168	24	0	0	0	0	0	0	0
41.02 Radiology - Ultrasound	123,898	0	0	4,444	8	0	0	0	0	0	0	0
41.03 Radiology - G.I. Lab	64,640	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	94,389	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	958,864	0	0	32,919	60	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, Processing, and Trans	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	534,913	0	0	16,171	29	0	0	0	0	0	0	0
50.00 Physical Therapy	116,291	0	0	18,003	33	0	0	0	0	0	0	0
51.00 Occupational Therapy	5,100	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	22,700	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	103,814	0	0	16,501	30	0	0	0	0	0	0	0
54.00 Electroencephalography	25,425	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	2,406,802	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	953,952	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	101,920	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
59.01	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	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	1,261,366	0	0	34,606	63	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
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 Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
100.01 MOB I	50,526	0	0	0	0	0	0	0	0	0	0	0
100.02 MOB II	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
100.05 Public Relations	39,051	0	0	1,029	2	0	0	0	0	0	0	0
TOTAL	23,055,725	0	0	1,263,696	2,412	0	0	0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
TRIAL BALANCE EXPENSES												
ANCILLARY COST CENTERS												
37.00 Operating Room	0	7,290	0	0	0	0	0	0	0	0	1,311,917	222,787
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	2,372	0	0	0	0	0	0	0	0	375,993	63,850
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	3,741	0	0	0	0	0	0	0	0	861,954	146,375
41.01 Radiology - CT Scan	0	1,206	0	0	0	0	0	0	0	0	181,844	30,880
41.02 Radiology - Ultrasound	0	879	0	0	0	0	0	0	0	0	129,229	21,945
41.03 Radiology - G.I. Lab	0	380	0	0	0	0	0	0	0	0	65,020	11,042
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	94,389	16,029
44.00 Laboratory	0	5,705	0	0	0	0	0	0	0	0	997,548	169,401
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, Processing, and Trans	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	3,452	0	0	0	0	0	0	0	0	554,565	94,175
50.00 Physical Therapy	0	207	0	0	0	0	0	0	0	0	134,533	22,846
51.00 Occupational Therapy	0	29	0	0	0	0	0	0	0	0	5,129	871
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	22,700	3,855
53.00 Electrocardiology	0	733	0	0	0	0	0	0	0	0	121,078	20,561
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	25,425	4,318
55.00 Medical Supplies Charged to Patients	0	421	0	0	0	0	0	0	0	0	2,407,223	408,789
56.00 Drugs Charged to Patients	0	3,799	0	0	0	0	0	0	0	0	957,751	162,643
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	101,920	17,308
58.00 ASC (Non-Distinct Part)	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	7,433	0	0	0	0	0	0	0	0	1,303,468	221,352
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
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 Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
100.01 MOB I	0	0	0	0	0	0	0	0	0	0	50,526	8,580
100.02 MOB II	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
100.05 Public Relations	0	0	0	0	0	0	0	0	0	0	40,082	6,807
TOTAL	0	84,058	0	0	0	0	0	0	0	0	23,055,725	3,346,905

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures												
2.00 Old Cap Rel Costs-Movable Equipment												
3.00 New Cap Rel Costs-Bldg & Fixtures												
4.00 New Cap Rel Costs-Movable Equipment												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00 Employee Benefits												
6.01 Non-Patient Telephones												
6.02 Data Processing												
6.03 Purchasing/Receiving												
6.04 Patient Admitting												
6.05 Patient Business Office												
6.06												
6.07												
6.08												
6.00 Administrative and General												
7.00 Maintenance and Repairs												
8.00 Operation of Plant												
9.00 Laundry and Linen Service												
10.00 Housekeeping		10,802										
11.00 Dietary		3,485		8,712								
12.00 Cafeteria		64,270		3,330								
13.00 Maintenance of Personnel		24,567										
14.00 Nursing Administration		0				31,901						
15.00 Central Services & Supply		14,396		1,951								
16.00 Pharmacy		29,968		4,062								
17.00 Medical Records and Library		16,988		2,303								
18.00 Social Service		35,391		4,797		23,254						
19.00		0		0		0						
19.02		0		0		0						
19.03		0		0		0						
20.00		0		0		0						
21.00 Nursing School		0		0		0						
22.00 Intern & Res Service-Salary & Fringes		0		0		0						
23.00 Intern & Res Other Program		0		0		0						
24.00 Paramedical Ed Program		0		0		0						
INPATIENT ROUTINE COST CENTER												
25.00 Adults & Pediatrics (Gen Routine)		510,722	154,019	69,231	652,753	212,405		31,608		261,355	87,811	0
26.00 Intensive Care Unit		63,160	26,059	8,562	62,594	79,690		10,495		79,645	19,845	0
27.00 Coronary Care Unit		0	0	0	0	0		0		0	0	0
28.00 Neonatal Intensive Care Unit		0	0	0	0	0		0		0	0	0
29.00 Surgical Intensive Care		0	0	0	0	0		0		0	0	0
30.00 Subprovider I		0	0	0	0	0		0		0	0	0
31.00 Subprovider II		0	0	0	0	0		0		0	0	0
32.00		0	0	0	0	0		0		0	0	0
33.00 Nursery		13,068	12,452	1,771	0	0		2,600		689	2,841	0
34.00 Medicare Certified Nursing Facility		0	0	0	0	0		0		0	0	0
35.00 Distinct Part Nursing Facility		0	0	0	0	13,804		0		0	0	0
36.00 Adult Subacute Care Unit		0	0	0	0	0		0		0	0	0
36.01 Subacute Care Unit II		0	0	0	0	0		0		0	0	0
36.02 Transitional Care Unit		0	0	0	0	0		0		0	0	0

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES

ANCILLARY COST CENTERS

	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
37.00 Operating Room	0	175,213	0	23,751	0	76,592	0	10,785	0	94,944	95,691	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	47,914	0	6,495	0	24,918	0	2,264	0	2,099	6,304	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	53,915	0	0
41.00 Radiology - Diagnostic	0	52,422	0	7,106	0	39,301	0	0	0	10,185	32,389	0
41.01 Radiology - CT Scan	0	13,939	0	1,889	0	12,666	0	0	0	0	61,732	0
41.02 Radiology - Ultrasound	0	4,704	0	638	0	9,236	0	0	0	0	9,327	0
41.03 Radiology - G.I. Lab	0	0	0	0	0	3,991	0	0	0	4,886	3,080	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	3,436	0
44.00 Laboratory	0	34,847	0	4,724	0	59,941	0	0	0	4,585	54,176	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, Processing, and Trans	0	0	0	0	0	0	0	0	0	0	2,436	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	17,118	0	2,320	0	36,264	0	0	0	0	40,754	0
50.00 Physical Therapy	0	19,057	0	2,583	0	2,173	0	0	0	0	3,648	0
51.00 Occupational Therapy	0	0	0	0	0	305	0	0	0	0	297	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	592	0
53.00 Electrocardiology	0	17,467	0	2,368	0	7,703	0	0	0	0	19,133	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	162,255	0	90,435	0
56.00 Drugs Charged to Patients	0	0	0	0	0	4,425	0	0	0	0	82,570	0
57.00 Renal Dialysis	0	0	0	0	0	39,919	0	0	0	0	2,451	0
58.00 ASC (Non-Distinct Part)	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	36,633	0	4,966	0	78,093	0	9,987	0	146,804	45,330	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
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 Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
100.01 MOB I	0	0	0	92,336	0	0	0	0	0	0	0	0
100.02 MOB II	0	0	0	67,424	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.05 Public Relations	0	1,089	0	148	0	0	0	0	0	0	0	0
TOTAL	0	1,207,220	192,529	321,468	715,347	759,968	0	67,739	162,255	659,107	664,279	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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		TOTAL COST
										STEP-DOWN ADJUSTMENT	ADJUSTMENT	
ANCILLARY COST CENTERS												
37.00 Operating Room	0	0	0	0	0	0	0	0	2,011,680	0	0	2,011,680
38.00 Recovery Room	0	0	0	0	0	0	0	0	529,838	0	0	529,838
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	53,915	0	0	53,915
40.00 Anesthesiology	0	0	0	0	0	0	0	0	1,149,733	0	0	1,149,733
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	302,950	0	0	302,950
41.01 Radiology - CT Scan	0	0	0	0	0	0	0	0	175,080	0	0	175,080
41.02 Radiology - Ultrasound	0	0	0	0	0	0	0	0	88,018	0	0	88,018
41.03 Radiology - G.I. Lab	0	0	0	0	0	0	0	0	113,854	0	0	113,854
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	1,325,221	0	0	1,325,221
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	0	0	0	0	0	0	0	2,436	0	0	2,436
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	745,197	0	0	745,197
47.00 Blood Storing, Processing, and Trans	0	0	0	0	0	0	0	0	184,840	0	0	184,840
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	6,602	0	0	6,602
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	27,147	0	0	27,147
50.00 Physical Therapy	0	0	0	0	0	0	0	0	188,309	0	0	188,309
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	29,743	0	0	29,743
52.00 Speech Pathology	0	0	0	0	0	0	0	0	3,068,702	0	0	3,068,702
53.00 Electrocardiology	0	0	0	0	0	0	0	0	1,207,390	0	0	1,207,390
54.00 Electroencephalography	0	0	0	0	0	0	0	0	161,597	0	0	161,597
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
59.01	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	0	0	0	0	0	0	0	1,846,631	0	0	1,846,631
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
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 Other Nonreimbursable	0	0	0	0	0	0	0	0	3,388	0	0	3,388
100.01 MOB I	0	0	0	0	0	0	0	0	151,442	0	0	151,442
100.02 MOB II	0	0	0	0	0	0	0	0	67,424	0	0	67,424
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.05 Public Relations	0	0	0	0	0	0	0	0	48,125	0	0	48,125
TOTAL	0	0	0	0	0	0	0	0	23,055,725	0	0	23,055,725

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (SQ FT)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQUIP (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT		
1.00	2.00	3.00	4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08

GENERAL SERVICE COST CENTERS

1.00 Old Cap Rel Costs-Bldg & Fixtures
 2.00 Old Cap Rel Costs-Movable Equipment
 3.00 New Cap Rel Costs-Bldg & Fixtures
 4.00 New Cap Rel Costs-Movable Equipment

5.00 Employee Benefits 1,503

6.01 Non-Patient Telephones
 6.02 Data Processing
 6.03 Purchasing/Receiving
 6.04 Patient Admitting
 6.05 Patient Business Office
 6.06
 6.07
 6.08

7.00 Administrative and General 3,805

8.00 Maintenance and Repairs 2,186
 9.00 Operation of Plant 496
 10.00 Laundry and Linen Service 160
 11.00 Housekeeping 2,951
 12.00 Dietary 1,128

13.00 Maintenance of Personnel 661

14.00 Nursing Administration 1,376
 15.00 Central Services & Supply 780
 16.00 Pharmacy 780
 17.00 Medical Records and Library 1,625
 18.00 Social Service

19.00 19.00

19.02
 19.03
 20.00
 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) 23,450
 26.00 Intensive Care Unit 2,900
 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

33.00 600

34.00 Nursery
 35.00 Medicare Certified Nursing Facility
 36.00 Distinct Part Nursing Facility
 36.01 Adult Subacute Care Unit
 36.02 Subacute Care Unit II
 Transitional Care Unit

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.1

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08			7.00
ANCILLARY COST CENTERS												
37.00 Operating Room	835,080										1,311,917	
38.00 Recovery Room											0	
39.00 Delivery Room and Labor Room	271,684										375,993	
40.00 Anesthesiology											0	
41.00 Radiology - Diagnostic	428,505										861,954	
41.01 Radiology - CT Scan	138,096										181,844	
41.02 Radiology - Ultrasound	100,703										129,229	
41.03 Radiology - G.I. Lab	43,509										65,020	
42.00 Radiology - Therapeutic											0	
43.00 Radioisotope											94,389	
44.00 Laboratory	653,540										997,548	
44.01 Pathological Lab											0	
46.00 Whole Blood											0	
47.00 Blood Storing, Processing, and Trans											0	
48.00 Intravenous Therapy											0	
49.00 Respiratory Therapy	395,385										554,565	
50.00 Physical Therapy	23,691										134,533	
51.00 Occupational Therapy	3,327										5,129	
52.00 Speech Pathology											22,700	
53.00 Electrocardiology	83,982										121,078	
54.00 Electroencephalography											25,425	
55.00 Medical Supplies Charged to Patients	48,251										2,407,223	
56.00 Drugs Charged to Patients	435,235										957,751	
57.00 Renal Dialysis											101,920	
58.00 ASC (Non-Distinct Part)											0	
59.01											0	
59.02											0	
59.03											0	
60.00 Clinic											0	
60.01 Other Clinic Services											0	
61.00 Emergency	851,446										1,303,468	
62.00 Observation Beds											0	
71.00											0	
82.00											0	
83.00											0	
84.00											0	
85.00											0	
86.00											0	
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen											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 Other Nonreimbursable											0	
100.01 MOB I											50,526	
100.02 MOB II											0	
100.03											0	
100.05 Public Relations											40,082	
TOTAL	9,629,198	0	0	0	0	0	0	0	0	0	19,708,820	0
COST TO BE ALLOCATED	84,058	0	0	0	0	0	0	0	0	0	3,346,905	0
UNIT COST MULTIPLIER - SCH 8	0.008730	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.169818	0.000000

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
 DECEMBER 31, 2008

OPER PLANT (SQ FT)	LAUNDRY & LINEN (PAT DAYS)	HOUSE-KEEPING (SQ FT)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HRS)	CENT SERV & SUPPLY (C-ST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS CHARGES)	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

Old Cap Rel Costs-Bldg & Fixtures
 Old Cap Rel Costs-Movable Equipment
 New Cap Rel Costs-Bldg & Fixtures
 New Cap Rel Costs-Movable Equipment

1.00
 2.00
 3.00
 4.00
 4.01
 4.02
 4.03
 4.04
 4.05
 4.06
 4.07
 4.08

Employee Benefits
 Non-Patient Telephones
 Data Processing
 Purchasing/Receiving
 Patient Admitting
 Patient Business Office

5.00
 6.01
 6.02
 6.03
 6.04
 6.05
 6.06
 6.07
 6.08

Administrative and General
 Maintenance and Repairs
 Operation of Plant
 Laundry and Linen Service
 Housekeeping

496
 160
 2,951
 1,128

7.00
 8.00
 9.00
 10.00
 11.00
 12.00

Maintenance of Personnel
 Nursing Administration
 Central Services & Supply
 Pharmacy
 Medical Records and Library
 Social Service

661
 1,376
 780
 1,625
 347,821
 253,543

13.00
 14.00
 15.00
 16.00
 17.00
 18.00
 19.00

Nursing School
 Intern & Res Service-Salary & Fringes
 Intern & Res Other Program
 Paramedical Ed Program

20.00
 21.00
 22.00
 23.00
 24.00

INPATIENT ROUTINE COST CENTERS

Adults & Pediatrics (Gen Routine)
 Intensive Care Unit
 Coronary Care Unit
 Neonatal Intensive Care Unit
 Surgical Intensive Care
 Subprovider I
 Subprovider II

23,450
 2,900
 7,199
 1,218
 23,450
 2,900
 21,597
 2,071
 2,315,856
 868,862

25.00
 26.00
 27.00
 28.00
 29.00
 30.00
 31.00
 32.00

Nursery
 Medicare Certified Nursing Facility
 Distinct Part Nursing Facility
 Adult Subacute Care Unit
 Subacute Care Unit II
 Transitional Care Unit

600
 600
 582
 600
 150,502
 112
 695,490

33.00
 34.00
 35.00
 36.00
 36.01
 36.02

127,942
 112
 695,490

1,555,393
 516,441

42,469
 12,942

21,493,233
 4,857,449

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (PAT DAYS)	HOUSE-KEEPING (SQ FT)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HRS)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS CHARGES)	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
ANCILLARY COST CENTERS												
37.00	8,045		8,045		835,080		530,731		15,428	23,421,852		
38.00	2,200		2,200		271,684		111,417		341	1,543,026		
39.00									8,761			
40.00	2,407		2,407		428,505				1,655	7,927,748		
41.00	640		640		138,096					15,109,856		
41.01	216		216		100,703					2,283,012		
41.02					43,509				794	753,758		
41.03												
42.00	1,600		1,600		653,540				745	13,260,480		
43.00												
44.00												
44.01												
46.00												
47.00												
48.00	786		786		395,385					9,975,103		
49.00	875		875		23,691					892,838		
50.00					3,327					72,757		
51.00										144,912		
52.00	802		802		83,982					4,683,210		
53.00												
54.00												
55.00								2,381,211		22,135,472		
56.00					48,251					20,210,404		
57.00					435,235					599,875		
58.00												
59.01												
59.02												
59.03												
60.00												
60.01	1,682		1,682		851,446		491,432		23,855	11,095,195		
61.00												
62.00												
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00												
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00												
100.01			31,276		36,935							
100.02			22,838									
100.03												
100.05	50		50									
TOTAL	55,430	8,999	108,888	23,668	8,285,953	0	3,333,356	2,381,211	107,102	162,592,899	0	0
COST TO BE ALLOCATED	1,207,220	192,529	321,468	715,347	759,968	0	67,739	162,255	659,107	664,279	0	0
UNIT COST MULTIPLIER - SCH 8	21,779176	21,394534	2,952280	30,224227	0,091718	0,000000	0,020321	0,068140	6,154014	0,004086	0,000000	0,000000

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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	19.02	19.03	20.00	21.00	22.00	23.00	24.00
1.00 Old Cap Rel Costs-Bldg & Fixtures							
2.00 Old Cap Rel Costs-Movable Equipment							
3.00 New Cap Rel Costs-Bldg & Fixtures							
4.00 New Cap Rel Costs-Movable Equipment							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00 Employee Benefits							
6.01 Non-Patient Telephones							
6.02 Data Processing							
6.03 Purchasing/Receiving							
6.04 Patient Admitting							
6.05 Patient Business Office							
6.06							
6.07							
6.08							
6.00 Administrative and General							
7.00 Maintenance and Repairs							
8.00 Operation of Plant							
9.00 Laundry and Linen Service							
10.00 Housekeeping							
11.00 Dietary							
12.00 Cafeteria							
13.00 Maintenance of Personnel							
14.00 Nursing Administration							
15.00 Central Services & Supply							
16.00 Pharmacy							
17.00 Medical Records and Library							
18.00 Social Service							
19.00							
19.02							
19.03							
20.00							
21.00 Nursing School							
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 Medicare Certified Nursing Facility							
35.00 Distinct Part Nursing Facility							
36.00 Adult Subacute Care Unit							
36.01 Subacute Care Unit I							
36.02 Transitional Care Unit							

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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	1,365,893	(102,197)	1,263,696
4.00	New Cap Rel Costs-Movable Equipment	99,224	(96,812)	2,412
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	83,371	631	84,002
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	3,241,879	17,858	3,259,737
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	981,000	4,919	985,919
9.00	Laundry and Linen Service	145,123	0	145,123
10.00	Housekeeping	268,525	0	268,525
11.00	Dietary	485,888	28	485,916
12.00	Cafeteria	602,549	0	602,549
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	(736)	736	0
15.00	Central Services & Supply	81,249	0	81,249
16.00	Pharmacy	530,860	0	530,860
17.00	Medical Records and Library	461,096	16,812	477,908
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	4,019,715	8,905	4,028,620
26.00	Intensive Care Unit	1,310,264	4,874	1,315,138
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	216,624	666	217,290
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 1,137,885	\$ 921	\$ 1,138,806
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	326,528	1,748	328,276
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	802,836	5,765	808,601
41.01	Radiology - CT Scan	167,447	0	167,447
41.02	Radiology - Ultrasound	123,898	0	123,898
41.03	Radiology - G.I. Lab	63,242	1,398	64,640
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	94,389	0	94,389
44.00	Laboratory	955,069	3,795	958,864
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing, Processing, and Trans		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	518,736	16,177	534,913
50.00	Physical Therapy	116,213	78	116,291
51.00	Occupational Therapy	5,100	0	5,100
52.00	Speech Pathology	22,700	0	22,700
53.00	Electrocardiology	103,814	0	103,814
54.00	Electroencephalography	25,425	0	25,425
55.00	Medical Supplies Charged to Patients	2,381,211	25,591	2,406,802
56.00	Drugs Charged to Patients	953,795	157	953,952
57.00	Renal Dialysis	101,920	0	101,920
58.00	ASC (Non-Distinct Part)		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	1,259,658	1,708	1,261,366
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 23,052,390	\$ (86,242)	\$ 22,966,148
	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	Other Nonreimbursable		0	0
100.01	MOB I	50,526	0	50,526
100.02	MOB II		0	0
100.03			0	0
100.05	Public Relations	39,051	0	39,051
100.99	SUBTOTAL	\$ 89,577	\$ 0	\$ 89,577
101	TOTAL	\$ 23,141,967	\$ (86,242)	\$ 23,055,725

(To Schedule 8)

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	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	921	226	695												
38.00 Recovery Room	0														
39.00 Delivery Room and Labor Room	1,748		1,748												
40.00 Anesthesiology	0														
41.00 Radiology - Diagnostic	5,765	5,765													
41.01 Radiology - CT Scan	0														
41.02 Radiology - Ultrasound	0														
41.03 Radiology - G.I. Lab	1,398		1,398												
42.00 Radiology - Therapeutic	0														
43.00 Radioisotope	0														
44.00 Laboratory	3,795	3,795													
44.01 Pathological Lab	0														
46.00 Whole Blood	0														
47.00 Blood Storing, Processing, and Trans	0														
48.00 Intravenous Therapy	0														
49.00 Respiratory Therapy	16,177	1,621	14,556												
50.00 Physical Therapy	78		78												
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	25,591		25,591												
56.00 Drugs Charged to Patients	157	157													
57.00 Renal Dialysis	0														
58.00 ASC (Non-Distinct Part)	0														
59.01	0														
59.02	0														
59.03	0														
60.00 Clinic	0														
60.01 Other Clinic Services	0														
61.00 Emergency	1,708	1,708													
62.00 Observation Beds	0														
71.00	0														
82.00	0														
83.00	0														
84.00	0														
85.00	0														
86.00	0														
NONREIMBURSABLE COST CENTERS															
96.00 Gift, Flower, Coffee Shop & Canteen	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 Other Nonreimbursable	0														
100.01 MOB I	0														
100.02 MOB II	0														
100.03	0														
100.05 Public Relations	0														
101.00 TOTAL	(\$86,242)	0	0	(86,768)	526	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name		Fiscal Period			Provider Number		Adjustments	
SAN DIMAS COMMUNITY HOSPITAL		JULY 1, 2008 THROUGH DECEMBER 31, 2008			HSC 30588G		10	
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
RECLASSIFICATIONS OF REPORTED COSTS								
1	10A	A	3.00	7	New Capital Related Costs - Building and Fixtures	\$1,365,893	(\$81,756)	\$1,284,137 *
	10A	A	5.00	7	Employee Benefits	83,371	631	84,002
	10A	A	6.00	7	Administrative and General	3,241,879	50,662	3,292,541 *
	10A	A	8.00	7	Operation of Plant	981,000	19	981,019 *
	10A	A	14.00	7	Nursing Administration	(736)	251	(485) *
	10A	A	17.00	7	Medical Records and Library	461,096	16,812	477,908
	10A	A	25.00	7	Adults and Pediatrics	4,019,715	101	4,019,816 *
	10A	A	26.00	7	Intensive Care Unit	1,310,264	8	1,310,272 *
	10A	A	37.00	7	Operating Room	1,137,885	226	1,138,111 *
	10A	A	41.00	7	Radiology - Diagnostic	802,836	5,765	808,601
	10A	A	44.00	7	Laboratory	955,069	3,795	958,864
	10A	A	49.00	7	Respiratory Therapy	518,736	1,621	520,357 *
	10A	A	56.00	7	Drugs Charged to Patients	953,795	157	953,952
	10A	A	61.00	7	Emergency	1,259,658	1,708	1,261,366
To reverse the provider's reclassification of rent/leases 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	New Capital Related Costs - Movable Equipment	\$99,224	(\$86,893)	\$12,331 *
	10A	A	14.00	7	Nursing Administration	(485)	(41)	(526) *
	10A	A	6.00	7	Administrative and General	3,292,541	23,604	3,316,145 *
	10A	A	8.00	7	Operation of Plant	981,019	4,900	985,919
	10A	A	11.00	7	Dietary	485,888	28	485,916
	10A	A	25.00	7	Adults and Pediatrics	4,019,816	8,804	4,028,620
	10A	A	26.00	7	Intensive Care Unit	1,310,272	4,866	1,315,138
	10A	A	33.00	7	Nursery	216,624	666	217,290
	10A	A	37.00	7	Operating Room	1,138,111	695	1,138,806
	10A	A	39.00	7	Delivery Room and Labor Room	326,528	1,748	328,276
	10A	A	41.03	7	Radiology - G.I. Lab	63,242	1,398	64,640

-Continued on next page-

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN DIMAS COMMUNITY HOSPITAL		JULY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30588G		10		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<p align="center">RECLASSIFICATIONS OF REPORTED COSTS</p>								
2	10A	A	49.00	7	Respiratory Therapy	\$520,357	\$14,556	\$534,913
	10A	A	50.00	7	Physical Therapy	116,213	78	116,291
	10A	A	55.00	7	Medical Supplies Charged to Patients	2,381,211	25,591	2,406,802
<p>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</p>								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN DIMAS COMMUNITY HOSPITAL		JULY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30588G		10		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
3	10A	A	3.00	7	New Capital Related Costs - Building and Fixtures	* \$1,284,137	(\$20,441)	\$1,263,696
	10A	A	4.00	7	New Capital Related Costs - Movable Equipment	* 12,331	(9,919)	2,412
	10A	A	6.00	7	Administrative and General	* 3,316,145	(56,408)	3,259,737
To adjust reported home office costs to agree with the Prime Healthcare Services, Inc. Home Office Audit Report for fiscal period ended December 31, 2008. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304								
4	10A	A	14.00	7	Nursing Administration	* (\$526)	\$526	\$0
To adjust negative reported expense on worksheet A. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								

*Balance carried forward from prior/to subsequent adjustments

Provider Name SAN DIMAS COMMUNITY HOSPITAL		Fiscal Period JULY 1, 2008 THROUGH DECEMBER 31, 2008		Provider Number HSC 30588G	Adjustments 10	
Report References						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported
			Part	Title	Line	
Explanation of Audit Adjustments						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT						

-Continued from previous page-

To adjust Medi-Cal Settlement Data to agree with the following
 EDS Paid Claims Summary:
 Report Date: June 9, 2011
 Payment Period: July 1, 2008 through May 31, 2011
 Service Period: July 1, 2008 through December 31, 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

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAN DIMAS COMMUNITY HOSPITAL		JULY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30588G		10			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
ADJUSTMENTS TO OTHER MATTERS									
9	Contract 1	N/A				\$0	\$10,399	\$10,399	
			Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1						
10	Contract 1	N/A				\$0	\$846,614	\$846,614	
			Overpayments To recover overpayments for a contract provider that was paid an interim rate instead of the all inclusive contract rate. 42 CFR 433.139(b)(3) / CMS Pub. 15-1, Section 2409 CCR, Title 22, Section 51458.1 / Medi-Cal Contract, Article 4.1						