

**REPORT ON THE
COST REPORT REVIEW**

**TRI-CITY MEDICAL CENTER
OCEANSIDE, CALIFORNIA
PROVIDER NUMBERS: HSC/ZZT30128F
NATIONAL PROVIDER IDENTIFIER: 1801861190**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Patricia M. Fox
Audit Supervisor: Sergio Gonzalez
Auditor: Angelica R. Aguilar**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

January 07, 2010

Administrator
Tri-City Medical Center
4002 Vista Way
Oceanside, CA 92056

TRI-CITY MEDICAL CENTER
PROVIDER NUMBER HSC30128F
NATIONAL PROVIDER IDENTIFIER (NPI) 1801861190
FISCAL PERIOD ENDED JUNE 30, 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, 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 \$2, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

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

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

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

Chief
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

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

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899-7413

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—San Diego at (619) 688-3200.

Original Signed By

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

Certified

cc: Lynne Moore
Vice President
Healthcare Management Solutions, Inc.
2118 Orange Avenue, Suite 100
Escondido, CA 92029

SUMMARY OF FINDINGS

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZTZ30128F		
Reported	\$ 0	
Net Change	\$ (2)	
Audited Amount Due Provider (State)	\$ (2)	
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. HSC30128F		
Reported		\$ 17,949,820
Net Change		\$ 2,699,591
Audited Cost		\$ 20,649,411
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (2)	
9. Total Medi-Cal Cost		\$ 20,649,411

SUMMARY OF FINDINGS

Provider Name:
TRI-CITY MEDICAL CENTER

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.		
	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)		\$ (2)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT30128F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 204,740
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ _____ 0	\$ _____ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ _____ 0	\$ _____ N/A
4.	\$ _____ 0	\$ _____ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ _____ 0	\$ _____ 204,740
6. Interim Payments (Adj 11)	\$ _____ 0	\$ _____ (204,742)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ (2)
8. Duplicate Payments (Adj)	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (2)
	(To Summary of Findings)	

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

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT30128F

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>0</u>	\$ <u>204,740</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 10)	\$ <u>0</u>	\$ <u>528,807</u>
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3. Inpatient Ancillary Service Charges (Adj)	\$ <u>0</u>	\$ <u>0</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>528,807</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>324,067</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
TRI-CITY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30128F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 0
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 204,740
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4.	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 0	\$ 204,740
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 0	\$ 204,740 (To Schedule 2)
9. Coinsurance (Adj)	\$ 0	\$ 0
10. Patient and Third Party Liability (Adj)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 204,740 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
TRI-CITY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30128F

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	66,876	66,876
2. Inpatient Days (include private, exclude swing-bed)	66,876	66,876
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	66,876	66,876
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 58,232,186	\$ 58,223,668
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)	\$ 58,232,186	\$ 58,223,668

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adjs 7,8)	\$ 75,368,987	\$ 83,999,684
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)	\$ 0.772628	\$ 0.693142
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)	\$ 58,232,186	\$ 58,223,668

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 870.75	\$ 870.62
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 204,740
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 204,740

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
TRI-CITY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30128F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,460,901	\$ 3,460,381
2. Total Inpatient Days (Adj)	6,760	6,760
3. Average Per Diem Cost	\$ 511.97	\$ 511.89
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)	\$ 10,288,864	\$ 10,287,631
7. Total Inpatient Days (Adj)	5,822	5,822
8. Average Per Diem Cost	\$ 1,767.24	\$ 1,767.03
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 30, Col 27)	\$ 6,313,734	\$ 6,312,632
17. Total Inpatient Days (Adj)	4,774	4,774
18. Average Per Diem Cost	\$ 1,322.52	\$ 1,322.29
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 (JULY 1, 2007 THROUGH JULY 31, 2007)		
26. Per Diem Rate (Adj 9)	\$ 0.00	\$ 310.68
27. Medi-Cal Inpatient Days (Adj 9)	0	23
28. Cost Applicable to Medi-Cal	\$ 0	\$ 7,146
ADMINISTRATIVE DAYS (AUGUST 1, 2007 THROUGH JUNE 30, 2008)		
29. Average Per Diem Rate (Adj 9)	\$ 0.00	\$ 316.15
30. Medi-Cal Inpatient Days (Adj 9)	0	625
31. Cost Applicable to Medi-Cal	\$ 0	\$ 197,594
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 204,740

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
TRI-CITY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30128F

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)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30128F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>17,949,820</u>	\$ <u>20,649,411</u>
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>17,949,820</u>	\$ <u>20,649,411</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>17,949,820</u>	\$ <u>20,649,411</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Medi-Cal Credit Balances (Adj)	\$ <u>0</u>	\$ <u>0</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>0</u>
	(To Summary of Findings)	

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

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30128F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>18,064,339</u>	\$ <u>20,774,655</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 14)	\$ <u>15,992,580</u>	\$ <u>17,574,570</u>
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3. Inpatient Ancillary Service Charges (Adj 14)	\$ <u>29,969,786</u>	\$ <u>36,864,600</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>45,962,366</u>	\$ <u>54,439,170</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>27,898,027</u>	\$ <u>33,664,515</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
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(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:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30128F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>7,787,665</u>	\$ <u>9,029,611</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>10,276,674</u>	\$ <u>11,745,044</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>18,064,339</u>	\$ <u>20,774,655</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>18,064,339</u>	\$ <u>20,774,655</u>
	(To Contract Sch 2)	
9. Deductibles (Adj 15)	\$ <u>(32,973)</u>	\$ <u>(19,564)</u>
10. Coinsurance (Adj 15)	\$ <u>(81,546)</u>	\$ <u>(105,680)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>17,949,820</u>	\$ <u>20,649,411</u>
	(To Contract Sch 1)	

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

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30128F

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	66,876	66,876
2. Inpatient Days (include private, exclude swing-bed)	66,876	66,876
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	66,876	66,876
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 12)	7,385	7,558

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)	\$ 58,232,186	\$ 58,223,668
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)	\$ 58,232,186	\$ 58,223,668

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adjs 7,8)	\$ 75,368,987	\$ 83,999,684
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)	\$ 0.772628	\$ 0.693142
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)	\$ 58,232,186	\$ 58,223,668

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 870.75	\$ 870.62
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 6,430,489	\$ 6,580,146
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 3,846,185	\$ 5,164,898
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 10,276,674	\$ 11,745,044

(To Contract Sch 3)

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

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30128F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,460,901	\$ 3,460,381
2. Total Inpatient Days (Adj)	6,760	6,760
3. Average Per Diem Cost	\$ 511.97	\$ 511.89
4. Medi-Cal Inpatient Days (Adj 12)	2,632	2,770
5. Cost Applicable to Medi-Cal	\$ 1,347,505	\$ 1,417,935
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 10,288,864	\$ 10,287,631
7. Total Inpatient Days (Adj)	5,822	5,822
8. Average Per Diem Cost	\$ 1,767.24	\$ 1,767.03
9. Medi-Cal Inpatient Days (Adj 12)	227	341
10. Cost Applicable to Medi-Cal	\$ 401,163	\$ 602,557
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 30, Col 27)	\$ 6,313,734	\$ 6,312,632
17. Total Inpatient Days (Adj)	4,774	4,774
18. Average Per Diem Cost	\$ 1,322.52	\$ 1,322.29
19. Medi-Cal Inpatient Days (Adj 12)	1,586	2,378
20. Cost Applicable to Medi-Cal	\$ 2,097,517	\$ 3,144,406
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)	\$ 3,846,185	\$ 5,164,898
	(To Contract Sch 4)	

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

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30128F

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:
 TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
 JUNE 30, 2008

Provider No:
 HSC30128F

	TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj 8)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS					
37.00 Operating Room	\$ 21,271,564	\$ 88,302,549	0.240894	\$ 3,711,958	\$ 894,189
38.01 Outpatient PACU	531,551	5,131,038	0.103595	0	0
38.02 Cardiac/Pulmonary Rehab	1,343,592	845,458	1.589189	207,106	329,131
39.00 Delivery Room and Labor Room	9,053,102	9,267,951	0.976818	2,109,826	2,060,916
40.00 Anesthesiology	786,707	13,673,827	0.057534	494,565	28,454
41.00 Radiology-Diagnostic	10,866,829	33,732,189	0.322150	1,113,150	358,601
42.01 Ultrasound	2,079,538	9,979,612	0.208379	272,561	56,796
42.02 CAT Scan	9,193,684	97,984,638	0.093828	1,419,715	133,209
42.03 MRI	2,214,479	23,049,045	0.096077	388,291	37,306
43.01 Nuclear Medicine-Diagnostic	2,358,756	11,387,699	0.207132	134,790	27,919
44.00 Laboratory	14,340,396	62,453,852	0.229616	5,288,588	1,214,344
47.00 Blood Storing, Processing, and Transfusion	3,991,428	3,024,258	1.319804	171,462	226,296
49.00 Respiratory Therapy	5,184,265	48,524,179	0.106839	1,840,264	196,612
50.00 Physical Therapy	3,212,991	7,766,168	0.413716	303,930	125,741
51.00 Occupational Therapy	1,318,596	2,326,405	0.566796	189,841	107,601
52.00 Speech Pathology	687,625	1,886,348	0.364527	58,194	21,213
53.00 Electrocardiology	1,528,855	13,810,419	0.110703	548,516	60,722
54.00 Electroencephalography	168,367	208,789	0.806400	25,133	20,267
55.00 Medical Supplies Charged to Patients	40,050,891	120,446,714	0.332520	5,822,146	1,935,978
56.00 Drugs Charged to Patients	8,448,813	112,000,620	0.075435	11,147,657	840,928
59.00 Renal Dialysis IP (Hemodialysis)	797,713	1,011,306	0.788795	81,323	64,147
59.01 Cardiac Cath Lab	2,699,982	32,370,566	0.083409	181,739	15,159
59.05 Lithotripsy	252,574	1,822,173	0.138611	0	0
60.01 Wound Care	740,793	894,199	0.828444	0	0
60.02 High Risk Infant Followup	19,089	20,893	0.913654	0	0
	0	0	0.000000	0	0
	0	0	0.000000	0	0
	0	0	0.000000	0	0
60.00 Clinic	0	0	0.000000	0	0
61.00 Emergency	17,576,769	86,821,407	0.202447	1,353,845	274,082
61.01 Partial Hospitalization	2,388,577	4,174,714	0.572154	0	0
61.02 Occupational Health	2,809,659	1,128,086	2.490642	0	0
62.00 Observation Beds (Nondistinct)	0	0	0.000000	0	0
71.00 Home Health Agency	5,577,580	0	0.000000	0	0
	0	0	0.000000	0	0
	0	0	0.000000	0	0
	0	0	0.000000	0	0
	0	0	0.000000	0	0
	0	0	0.000000	0	0
TOTAL	\$ 171,494,766	\$ 794,045,102		\$ 36,864,600	\$ 9,029,611

(To Contract Sch 3)

* From Schedule 8, Column 27

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30128F

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
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
		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
		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)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEPING	DIETARY	CAFETERIA	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
ANCILLARY COST CENTERS													
37.00	Operating Room	1,195,911	0	20,058	427,470	0	136,445	0	445,583	28,857	1,143,361	423,158	73,679
38.01	Outpatient PACU	63,395	0	2,611	22,660	0	6,920	0	28,794	91	0	24,589	0
38.02	Cardiac/Pulmonary Rehab	171,668	0	275	61,361	0	9,477	0	17,276	128	0	4,052	0
39.00	Delivery Room and Labor Room	306,823	0	12,483	109,672	0	73,864	0	251,225	4,023	529,338	44,413	0
40.00	Anesthesiology	63,729	0	0	22,780	0	4,363	0	0	2,528	0	65,527	0
41.00	Radiology-Diagnostic	807,437	0	2,029	288,613	0	95,075	0	27,354	7,070	167,961	161,649	0
42.01	Ultrasound	45,064	0	4,752	16,108	0	14,893	0	0	2,239	22,900	47,824	0
42.02	CAT Scan	152,965	0	6,999	54,676	0	39,264	0	69,825	116,376	616,533	469,556	0
42.03	MRI	143,298	0	2,417	51,221	0	12,185	0	6,479	10,516	1,497	110,454	0
43.01	Nuclear Medicine-Diagnostic	253,802	0	1,057	90,720	0	12,336	0	12,957	13,750	28,713	54,571	0
44.00	Laboratory	316,081	0	204	112,981	0	115,535	0	1,440	126,317	4,492	299,288	0
47.00	Blood Storing, Processing, and Transf	36,364	0	0	12,998	0	0	0	0	0	0	14,493	0
49.00	Respiratory Therapy	69,307	0	0	24,773	0	49,042	0	3,892	79,357	232,535	37,217	0
50.00	Physical Therapy	174,308	0	233	62,305	0	32,795	0	11,517	147	2,158	11,148	0
51.00	Occupational Therapy	69,121	0	0	24,707	0	9,778	0	0	264	0	9,040	0
52.00	Speech Pathology	6,358	0	0	2,273	0	6,318	0	0	1	0	66,181	0
53.00	Electrocardiology	87,786	0	437	31,378	0	11,433	0	720	1,381	5,461	1,001	0
54.00	Electroencephalography	14,129	0	301	5,050	0	1,655	0	0	169	0	577,197	0
55.00	Medical Supplies Charged to Patients	105,373	0	0	37,665	0	0	0	0	1,670,991	0	536,723	0
56.00	Drugs Charged to Patients	26,808	0	0	9,582	0	0	0	0	0	0	4,846	0
59.00	Renal Dialysis IP (Hemodialysis)	22,867	0	0	8,174	0	9,778	0	15,117	21,093	0	155,124	0
59.01	Cardiac Cath Lab	54,322	0	485	19,417	0	0	0	0	0	0	8,732	0
59.05	Lithotripsy	0	0	0	0	0	4,513	0	11,517	1,197	45,976	4,285	0
60.01	Wound Care	0	0	0	0	0	301	0	0	0	0	100	0
60.02	High Risk Infant Followup	1,115	0	0	399	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	682,990	0	35,103	244,130	0	149,383	0	424,708	34,357	58,086	416,060	317,201
61.01	Partial Hospitalization	0	0	0	0	0	0	0	12,957	20	0	20,006	0
61.02	Occupational Health	51,385	0	250	18,367	0	21,061	0	10,798	357	1,069,906	5,406	0
62.00	Observation Beds (Nondistinct)	201,673	0	0	72,087	0	54,006	0	136,770	1,330	3,963	0	0
71.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE													
96.00	Gift, Flower, Coffee Shop and Canteen	36,587	0	0	13,078	0	0	0	0	0	0	0	0
100.00	TCHD Foundation	23,015	0	0	8,227	0	8,876	0	0	0	0	0	0
100.03	Physician Answering Service	3,941	0	0	1,409	0	0	0	0	0	0	0	0
100.05	Transportation Services	17,438	0	0	6,233	0	0	0	0	0	0	0	0
100.06	Marketing/Community Ed	13,720	0	0	4,904	0	1,956	0	0	0	0	0	0
100.07	Bio-Med	112,995	0	0	0	0	0	0	0	0	0	0	0
100.08	Hospice—Freestanding	72,727	0	0	25,996	0	9,177	0	18,716	93	1,121,034	0	0
100.10	Doctors Lounge	14,761	0	0	5,276	0	0	0	0	0	0	0	0
100.11	Doctors Dining Room	15,393	0	0	5,502	0	0	0	0	0	0	0	0
100.14	Outpatient Meals	0	0	0	128,679	0	470,563	0	0	0	0	0	0
100.15	Child Development Center	0	0	0	0	0	7,070	0	0	0	0	0	0
100.16	Patient Telephones/Televisions	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		11,095,750	0	200,565	3,862,783	3,171,098	2,175,903	0	3,836,765	2,117,966	4,947,460	4,408,797	4,207,531

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.1

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES)	COMMUNICA (NON-PATIENT PHONES)	PURCHASING (PURCH REQ)	ADMITTING (INPATIENT REVENUE)	CASHERING (GROSS REV)	OTHER ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
	5.00	6.01	6.02	6.03	6.04	6.05	7.00
GENERAL SERVICE COST CENTERS							
1.00 Old Cap Rel Costs-Bldg and Fixtures							
2.00 Old Cap Rel Costs-Movable Equipment							
3.00 New Cap Rel Costs-Bldg and 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	530,421						
6.01 Communications	260,906	38					
6.02 Purchasing, Receiving, and Stores	1,163,633	34	79,737				
6.03 Admitting	3,350,737	122	140,251				
6.04 Cashiering/Accounts Receivable							
6.05 Other Administrative and General	7,989,881	257	740,323			10,019,591	
7.00 Maintenance and Repairs	1,737,902	81	124,136			0	
8.00 Operation of Plant							1,644
9.00 Laundry and Linen Service	21,113	2	28,096			125,914	3,091
10.00 Housekeeping	1,826,445	20	464,168			3,380,504	3,336
11.00 Dietary	1,604,701	24	96,799			2,711,494	8,497
12.00 Cafeteria	868,057	6	195,335			1,577,565	5,424
13.00 Maintenance of Personnel							6,704
14.00 Nursing Administration	2,171,697	55	56,978			3,167,715	3,660
15.00 Central Services and Supply	920,548	20	270,440			4,250,195	4,599
16.00 Pharmacy	3,065,853	61	79,870			3,718,744	5,194
17.00 Medical Records and Library	2,005,626	69	35,955			3,651,852	
18.00 Social Service	2,157,150	78	14,377			0	
19.00						0	
19.02						0	
19.03						0	
20.00						0	
21.00 Nursing School						57,895	
22.00 Intern and Res Service-Salary and Fringes						0	
23.00 Intern and Res Other Program						0	
24.00 Paramedical Ed Program						0	
INPATIENT ROUTINE COST CENTERS							
25.00 Adults and Pediatrics (Gen Routine)	26,412,359	220	968,509	82,819,473	83,999,684	40,752,054	94,386
26.00 Intensive Care Unit	5,362,560	20	267,537	23,842,402	23,850,085	8,025,111	8,722
30.00 Neonatal Intensive Care Unit (NICU)	2,916,771	44	144,272	15,397,886	15,397,886	4,387,494	3,488
33.00 Nursery	1,935,814	23	66,755	2,713,395	2,713,395	2,925,490	3,510

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTE'S)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN HRS OF SERV	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TIME SPENT)	SOC SERV (FTF CONTRACTS)
8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
									(Adj 6)	19.00

GENERAL SERVICE COST CENTERS

1.00	Old Cap Rel Costs-Bldg and Fixtures									
2.00	Old Cap Rel Costs-Movable Equipment									
3.00	New Cap Rel Costs-Bldg and 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	Communications									
6.02	Purchasing, Receiving, and Stores									
6.03	Admitting									
6.04	Cashiering/Accounts Receivable									

Other Administrative and General

6.05	Maintenance and Repairs									
7.00	Operation of Plant									
8.00	Laundry and Linen Service									
9.00	Housekeeping	37,894								
10.00	Dietary	3,336								
11.00	Cafeteria	8,497								
12.00	Maintenance of Personnel	5,424								
13.00	Nursing Administration	6,704								
14.00	Central Services and Supply	3,660								
15.00	Pharmacy	4,599								
16.00	Medical Records and Library	5,194								
17.00	Social Service									
18.00										
19.00										
19.02										
19.03										
20.00										
21.00	Nursing School									
22.00	Intern and Res Service-Salary and Fringes									
23.00	Intern and Res Other Program									
24.00	Paramedical Ed Program									

INPATIENT ROUTINE COST CENTERS

25.00	Adults and Pediatrics (Gen Routine)	806742	94,386	274,080	3,241	2,603	740,059	129	83,999,684	12,872
26.00	Intensive Care Unit	66601	8,722	18,934	476	404	214,938		23,850,085	1,334
30.00	Neonatal Intensive Care Unit (NICU)	21247	3,488		270	208	103,074	932	15,397,886	4,805
33.00	Nursery	31658	3,510		32	26	62,688		2,713,395	

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (PROD FTE'S) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN HRS OF SERV 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (TIME SPENT) 17.00 (Adj 6)	SOC SERV (FTF CONTRACTS) 18.00	19.00
ANCILLARY COST CENTERS												
37.00	Operating Room	178200	32,164		907		619	528,309	25,963	88,302,549	367	
38.01	Outpatient PACU	23197	1,705		46		40	1,658		5,131,038		
38.02	Cardiac/Pulmonary Rehab	2445	4,617		63		24	2,350		845,458		
39.00	Delivery Room and Labor Room	110899	8,252		491		349	73,650	12,020	9,267,951		
40.00	Anesthesiology		1,714		29			46,290		13,673,827		
41.00	Radiology-Diagnostic	18025	21,716		632		38	129,433	3,814	33,732,189		
42.01	Ultrasound	42218	1,212		99			40,995	520	9,979,612		
42.02	CAT Scan	62184	4,114		261		97	2,130,620	14,000	97,984,638		
42.03	MRI	21470	3,854		81		9	192,532	34	23,049,045		
43.01	Nuclear Medicine-Diagnostic	9389	6,826		82		18	251,733	652	11,387,699		
44.00	Laboratory	1812	8,501		768		2	2,312,618	102	62,453,852		
47.00	Blood Storing, Processing, and Transfusion		978							3,024,258		
49.00	Respiratory Therapy		1,864		326		16	71,255	1,802	48,524,179		
50.00	Physical Therapy	2074	4,688		218			2,686	49	7,766,168		
51.00	Occupational Therapy		1,859		65			4,831		2,326,405		
52.00	Speech Pathology		171		42			23		1,886,348		
53.00	Electrocardiology	3883	2,361		76		1	25,276	124	13,810,419		
54.00	Electroencephalography	2670	380		11			3,091		208,789		
55.00	Medical Supplies Charged to Patients		2,834					30,592,540		120,446,714		
56.00	Drugs Charged to Patients		721							112,000,620		
59.00	Renal Dialysis IP (Hemodialysis)		615							1,011,306		
59.01	Cardiac Cath Lab	4312	1,461		65		21	386,164		32,370,566		
59.05	Lithotripsy									1,822,173		
60.01	Wound Care				30		16	21,915	1,044	894,199		
60.02	High Risk Infant Followup		30		2					20,893		
60.00	Clinic											
61.00	Emergency											
61.01	Partial Hospitalization	311860	18,369		993		590	629,008	1,319	86,821,407	1,580	
61.02	Occupational Health							366		4,174,714		
62.00	Observation Beds (Nondistinct)	2220	1,382		140		15	6,529	24,295	1,128,086		
71.00	Home Health Agency		5,424		359		190	24,354	90			
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen		984									
100.00	TCHD Foundation		619		59							
100.03	Physician Answering Service		106									
100.05	Transportation Services		469									
100.06	Marketing/Community Ed		369		13							
100.07	Bio-Med											
100.08	Hospice—Freestanding		1,956		61		26	1,703	25,456			
100.10	Doctors Lounge		397									
100.11	Doctors Dining Room		414									
100.14	Outpatient Meals											
100.15	Child Development Center											
100.16	Patient Telephones/Televisions											
	TOTAL											
	COST TO BE ALLOCATED	0	1,781,865	290,646	14,464	0	5,330	38,775,753	112,345	920,006,152	20,958	0
	UNIT COST MULTIPLIER - SCH 8	0	200,565	3,862,783	2,175,903	0	3,836,765	2,117,966	4,947,460	4,408,798	4,207,531	0
		0.000000	0.112559	13.290336	10.383187	0.000000	719.843282	0.054621	44.038099	0.004792	200.760130	0.000000

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
20.00	21.00	22.00	23.00	24.00

19.03

19.02

GENERAL SERVICE COST CENTERS

1.00 Old Cap Rel Costs-Bldg and Fixtures
 2.00 Old Cap Rel Costs-Movable Equipment
 3.00 New Cap Rel Costs-Bldg and 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 Communications
 6.02 Purchasing, Receiving, and Stores
 6.03 Admitting
 6.04 Cashiering/Accounts Receivable

6.05 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 and 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
 Intern and Res Service-Salary and Fringes
 22.00 Intern and Res Other Program
 23.00 Paramedical Ed Program
 24.00

INPATIENT ROUTINE COST CENTERS

25.00 Adults and Pediatrics (Gen Routine)
 26.00 Intensive Care Unit
 30.00 Neonatal Intensive Care Unit (NICU)
 33.00 Nursery

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	19.02	19.03	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							
37.00 Operating Room			20.00	21.00	22.00	23.00	24.00
38.01 Outpatient PACU							
38.02 Cardiac/Pulmonary Rehab							
39.00 Delivery Room and Labor Room							
40.00 Anesthesiology							
41.00 Radiology-Diagnostic							
42.01 Ultrasound							
42.02 CAT Scan							
42.03 MRI							
43.01 Nuclear Medicine-Diagnostic							
44.00 Laboratory							
47.00 Blood Storing, Processing, and Transfusion							
49.00 Respiratory Therapy							
50.00 Physical Therapy							
51.00 Occupational Therapy							
52.00 Speech Pathology							
53.00 Electrocardiology							
54.00 Electroencephalography							
55.00 Medical Supplies Charged to Patients							
56.00 Drugs Charged to Patients							
59.00 Renal Dialysis IP (Hemodialysis)							
59.01 Cardiac Cath Lab							
59.05 Lithotripsy							
60.01 Wound Care							
60.02 High Risk Infant Followup							
60.00 Clinic					100		
61.00 Emergency							
61.01 Partial Hospitalization							
61.02 Occupational Health							
62.00 Observation Beds (Nondistinct)							
71.00 Home Health Agency							
NONREIMBURSABLE COST CENTERS							
96.00 Gift, Flower, Coffee Shop and Canteen							
100.00 TCHD Foundation							
100.03 Physician Answering Service							
100.05 Transportation Services							
100.06 Marketing/Community Ed							
100.07 Bio-Med							
100.08 Hospice—Freestanding							
100.10 Doctors Lounge							
100.11 Doctors Dining Room							
100.14 Outpatient Meals							
100.15 Child Development Center							
100.16 Patient Telephones/Televisions							
TOTAL	0	0	0	0	0	0	0
COST TO BE ALLOCATED	0	0	0	0	64,113	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	641.132404	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 11,318,157	\$ 0	\$ 11,318,157
38.01	Outpatient PACU	131,236	0	131,236
38.02	Cardiac/Pulmonary Rehab	637,168	0	637,168
39.00	Delivery Room and Labor Room	5,302,213	0	5,302,213
40.00	Anesthesiology	315,905	0	315,905
41.00	Radiology-Diagnostic	6,181,451	0	6,181,451
42.01	Ultrasound	1,352,951	0	1,352,951
42.02	CAT Scan	5,171,704	0	5,171,704
42.03	MRI	1,164,934	0	1,164,934
43.01	Nuclear Medicine-Diagnostic	1,116,521	0	1,116,521
44.00	Laboratory	9,558,299	0	9,558,299
47.00	Blood Storing, Processing, and Transfusion	3,296,282	0	3,296,282
49.00	Respiratory Therapy	3,015,665	0	3,015,665
50.00	Physical Therapy	1,804,518	0	1,804,518
51.00	Occupational Therapy	746,539	0	746,539
52.00	Speech Pathology	451,344	0	451,344
53.00	Electrocardiology	828,585	0	828,585
54.00	Electroencephalography	91,788	0	91,788
55.00	Medical Supplies Charged to Patients	30,729,413	0	30,729,413
56.00	Drugs Charged to Patients	5,979,787	0	5,979,787
59.00	Renal Dialysis IP (Hemodialysis)	653,708	0	653,708
59.01	Cardiac Cath Lab	1,586,581	0	1,586,581
59.05	Lithotripsy	205,659	0	205,659
60.01	Wound Care	466,136	0	466,136
60.02	High Risk Infant Followup	11,260	0	11,260
			0	0
			0	0
			0	0
60.00	Clinic		0	0
61.00	Emergency	10,147,584	0	10,147,584
61.01	Partial Hospitalization	1,510,822	0	1,510,822
61.02	Occupational Health	1,030,065	0	1,030,065
62.00	Observation Beds (Nondistinct)		0	0
71.00	Home Health Agency	3,522,907	0	3,522,907
			0	0
			0	0
			0	0
			0	0
	SUBTOTAL	\$ 253,292,456	\$ (15,764)	\$ 253,276,692
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen		0	0
100.00	TCHD Foundation	797,365	0	797,365
100.03	Physician Answering Service		0	0
100.05	Transportation Services		0	0
100.06	Marketing/Community Ed	880,701	0	880,701
100.07	Bio-Med		0	0
100.08	Hospice—Freestanding	738,434	0	738,434
100.10	Doctors Lounge		0	0
100.11	Doctors Dining Room		0	0
100.14	Outpatient Meals		0	0
100.15	Child Development Center	477,393	0	477,393
100.16	Patient Telephones/Televisions	0	192,501	192,501
			0	0
			0	0
100.99	SUBTOTAL	\$ 2,893,893	\$ 192,501	\$ 3,086,394
101	TOTAL	\$ 256,186,349	\$ 176,737	\$ 256,363,086

(To Schedule 8)

Provider Name:
TRI-CITY MEDICAL CENTER

Page 1
Fiscal Period Ended:
JUNE 30, 2008

	TOTAL ADJ (Page 1 & 2)	1	2	3	4	5	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
ANCILLARY COST CENTERS														
37.00 Operating Room	0													
38.01 Outpatient PACU	0													
38.02 Cardiac/Pulmonary Rehab	0													
39.00 Delivery Room and Labor Room	0													
40.00 Anesthesiology	0													
41.00 Radiology-Diagnostic	0													
42.01 Ultrasound	0													
42.02 CAT Scan	0													
42.03 MRI	0													
43.01 Nuclear Medicine-Diagnostic	0													
44.00 Laboratory	0													
47.00 Blood Storing, Processing, and Transfusion	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													
59.00 Renal Dialysis IP (Hemodialysis)	0													
59.01 Cardiac Cath Lab	0													
59.05 Lithotripsy	0													
60.01 Wound Care	0													
60.02 High Risk Infant Followup	0													
60.00 Clinic	0													
61.00 Emergency	0													
61.01 Partial Hospitalization	0													
61.02 Occupational Health	0													
62.00 Observation Beds (Nondistinct)	0													
71.00 Home Health Agency	0													
NONREIMBURSABLE COST CENTERS														
96.00 Gift, Flower, Coffee Shop and Canteen	0													
100.00 TCHD Foundation	0													
100.03 Physician Answering Service	0													
100.05 Transportation Services	0													
100.06 Marketing/Community Ed	0													
100.07 Bio-Med	0													
100.08 Hospice—Freestanding	0													
100.10 Doctors Lounge	0													
100.11 Doctors Dining Room	0													
100.14 Outpatient Meals	0													
100.15 Child Development Center	0													
100.16 Patient Telephones/Televisions	192,501	146,568	45,933											
101.00 TOTAL	\$176,737	0	0	131,963	45,933	(1,159)	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments	
TRI-CITY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30128F, 1801861190		15	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
RECLASSIFICATIONS OF REPORTED COSTS							
1	10A	A	3.00	7	\$7,975,195	(\$12,671)	\$7,962,524 *
	10A	A	4.00	7	9,613,480	(283)	9,613,197 *
	10A	A	5.00	7	30,075,513	(17,923)	30,057,590 *
	10A	A	6.01	7	589,381	(82,215)	507,166 *
	10A	A	6.05	7	21,131,332	(59)	21,131,273 *
	10A	A	7.00	7	7,223,636	(19,582)	7,204,054 *
	10A	A	10.00	7	2,754,487	(7,800)	2,746,687 *
	10A	A	12.00	7	1,002,469	(6,035)	996,434 *
	10A	A	100.16	7	0	146,568	146,568 *
New Capital Related Costs—Building and Fixtures New Capital Related Costs—Movable Equipment Employee Benefits Communications Other Administrative and General Maintenance and Repairs Housekeeping Cafeteria Patient Telephones/Televisions To reclassify patient telephone expense in order to establish a nonreimbursable cost center in conjunction with adjustment 3. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2106.1, 2300, 2304, and 2328							
2	10A	A	4.00	7	\$9,613,197	(\$37,806)	\$9,575,391 *
	10A	A	7.00	7	7,204,054	(8,127)	7,195,927 *
	10A	A	100.16	7	146,568	45,933	192,501
New Capital Related Costs—Movable Equipment Maintenance and Repairs Patient Telephones/Televisions To reclassify patient television expense in order to establish a nonreimbursable cost center in conjunction with adjustment 4. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2106.1, 2300, 2304, and 2328							

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments		
TRI-CITY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30128F, 1801861190		15		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
3	10A	A			3.00	7	* \$7,962,524	* \$7,975,195
	10A	A			4.00	7	* 9,575,391	* 9,575,674 *
	10A	A			5.00	7	* 30,057,590	* 30,072,200
	10A	A			6.01	7	* 507,166	* 578,089
	10A	A			6.05	7	* 21,131,273	* 21,131,332 *
	10A	A			7.00	7	* 7,195,927	* 7,215,509 *
	10A	A			10.00	7	* 2,746,687	* 2,754,487
	10A	A			12.00	7	* 996,434	* 1,002,469
To reverse the provider's elimination of patient telephone expense for proper cost determination in conjunction with adjustment 1. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2106.1, 2300, 2304, and 2328								
4	10A	A			4.00	7	* \$9,575,674	* \$9,613,480
	10A	A			7.00	7	* 7,215,509	* 7,223,636
To reverse the provider's elimination of patient television expense for proper cost determination in conjunction with adjustment 2. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2106.1, 2300, 2304, and 2328								
5	10A	A			6.05	7	* \$21,131,332	* \$21,130,173
To eliminate additional nonallowable movie ticket expense identified in the provider's general ledger. 42 CFR 413.9(c)(3), 413.20, and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, and 2304								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments		
TRI-CITY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30128F, 1801861190		15		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENT TO REPORTED STATISTICS								
6	9	B-1	25.00	6.04,17 Adults and Pediatrics (Gross Revenue)	84,007,367	(7,683)	83,999,684	
	9	B-1	26.00	6.04,17 Intensive Care Unit To reconcile gross revenue statistics to agree with provider's revenue documentation and trial balance. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2102, 2300, 2304, and 2306	23,842,402	7,683	23,850,085	

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments		
TRI-CITY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30128F, 1801861190		15		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line			
ADJUSTMENTS TO REPORTED TOTAL CHARGES								
7	4, Contract 4	D-1	I	XIX	28.00	1	\$75,368,987	\$7,450,486 \$82,819,473 *
		General Inpatient Routine Service Charges To include all applicable adults and pediatrics charges incorrectly reported for proper matching of revenue and expenses. 42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2204, 2206, 2206.1, 2300, and 2304						
8	4, Contract 4 N/A 5, Contract 5	D-1 C C	I I I	XIX	28.00 26.00 62.00	1 8 8	\$82,819,473 23,842,402 1,187,894	\$1,180,211 \$83,999,684 7,683 23,850,085 (1,187,894) 0
		General Inpatient Routine Service Charges Intensive Care Unit Observation Beds (Nondistinct) To reclassify observation charges for the proper matching of revenue and expense. 42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, and 2304						

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments		
TRI-CITY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30128F, 1801861190		15		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line			
Explanation of Audit Adjustments								
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—NONCONTRACT								
9	4A	Not Reported				0	23	23
	4A	Not Reported				\$0.00	\$310.68	\$310.68
	4A	Not Reported				0	625	625
	4A	Not Reported				\$0.00	\$316.15	\$316.15
10	2	Not Reported				\$0	\$528,807	\$528,807
11	1	Not Reported				\$0	\$204,742	\$204,742
<p>Medi-Cal Administrative Days (July 1, 2007 through July 31, 2007)</p> <p>Medi-Cal Administrative Day Rate</p> <p>Medi-Cal Administrative Days (August 1, 2007 through June 30, 2008)</p> <p>Medi-Cal Average Administrative Day Rate</p> <p>Medi-Cal Routine Service Charges</p> <p>Medi-Cal Interim Payments</p> <p>To adjust Medi-Cal Settlement Data to agree with the following HP Enterprise Services Provider Claims Data: Provider Number ZZT30128F and NPI 1801861190 Reports Dated: July 1, 2009 Payment Period: July 1, 2007 through June 15, 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 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>								

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments				
TRI-CITY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30128F, 1801861190		15				
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line				Col.	
Explanation of Audit Adjustments										
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—CONTRACT										
12	Contract 4A	D-1	I	XIX	9.00	1	Medi-Cal Days—Adults and Pediatrics	7,385	173	7,558
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days—Nursery	2,632	138	2,770
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days—Intensive Care Unit	227	114	341
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Days—Neonatal Intensive Care Unit (NICU)	1,586	792	2,378
13	Contract 6	D-4	XIX	XIX	37.00	2	Medi-Cal Ancillary Charges—Operating Room	\$1,369,253	\$2,342,705	\$3,711,958
	Contract 6	D-4	XIX	XIX	38.01	2	Medi-Cal Ancillary Charges—Outpatient PACU	12,712	(12,712)	0
	Contract 6	D-4	XIX	XIX	38.02	2	Medi-Cal Ancillary Charges—Cardiac/Pulmonary Rehab	1,638	205,468	207,106
	Contract 6	D-4	XIX	XIX	39.00	2	Medi-Cal Ancillary Charges—Delivery Room and Labor Room	3,341,547	(1,231,721)	2,109,826
	Contract 6	D-4	XIX	XIX	40.00	2	Medi-Cal Ancillary Charges—Anesthesiology	215,233	279,332	494,565
	Contract 6	D-4	XIX	XIX	41.00	2	Medi-Cal Ancillary Charges—Radiology-Diagnostic	527,701	585,449	1,113,150
	Contract 6	D-4	XIX	XIX	42.01	2	Medi-Cal Ancillary Charges—Ultrasound	257,061	15,500	272,561
	Contract 6	D-4	XIX	XIX	42.02	2	Medi-Cal Ancillary Charges—CAT Scan	1,907,216	(487,501)	1,419,715
	Contract 6	D-4	XIX	XIX	42.03	2	Medi-Cal Ancillary Charges—MRI	244,914	143,377	388,291
	Contract 6	D-4	XIX	XIX	43.01	2	Medi-Cal Ancillary Charges—Nuclear Medicine-Diagnostic	230,653	(95,863)	134,790
	Contract 6	D-4	XIX	XIX	44.00	2	Medi-Cal Ancillary Charges—Laboratory	4,117,523	1,171,065	5,288,588
	Contract 6	D-4	XIX	XIX	47.00	2	Medi-Cal Ancillary Charges—Blood Storing, Processing and Transfusion	100,061	71,401	171,462
	Contract 6	D-4	XIX	XIX	49.00	2	Medi-Cal Ancillary Charges—Respiratory Therapy	3,169,656	(1,329,392)	1,840,264
	Contract 6	D-4	XIX	XIX	50.00	2	Medi-Cal Ancillary Charges—Physical Therapy	239,722	64,208	303,930
	Contract 6	D-4	XIX	XIX	51.00	2	Medi-Cal Ancillary Charges—Occupational Therapy	235,457	(45,616)	189,841
	Contract 6	D-4	XIX	XIX	52.00	2	Medi-Cal Ancillary Charges—Speech Pathology	37,512	20,682	58,194
	Contract 6	D-4	XIX	XIX	53.00	2	Medi-Cal Ancillary Charges—Electrocardiology	355,489	193,027	548,516
	Contract 6	D-4	XIX	XIX	54.00	2	Medi-Cal Ancillary Charges—Electroencephalography	18,674	6,459	25,133
	Contract 6	D-4	XIX	XIX	55.00	2	Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients	3,049,128	2,773,018	5,822,146
	Contract 6	D-4	XIX	XIX	56.00	2	Medi-Cal Ancillary Charges—Drugs Charged to Patients	8,732,838	2,414,819	11,147,657
	Contract 6	D-4	XIX	XIX	59.00	2	Medi-Cal Ancillary Charges—Renal Dialysis IP (Hemodialysis)	0	81,323	81,323
	Contract 6	D-4	XIX	XIX	59.01	2	Medi-Cal Ancillary Charges—Cardiac Cath Lab	441,425	(259,686)	181,739
	Contract 6	D-4	XIX	XIX	61.00	2	Medi-Cal Ancillary Charges—Emergency	1,364,373	(10,528)	1,353,845
	Contract 6	D-4	XIX	XIX	101.00	2	Medi-Cal Ancillary Charges—Total	29,969,786	6,894,814	36,864,600

-Continued on next page-

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments			
TRI-CITY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30128F, 1801861190		15			
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line				Col.
Explanation of Audit Adjustments									
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—CONTRACT									
14	Continued from previous page- Contract 2	E-3	III	XIX	10.00	1	\$15,992,580	\$1,581,990	\$17,574,570
	Contract 2	E-3	III	XIX	11.00	1	29,969,786	6,894,814	36,864,600
15	Contract 3	E-3	III	XIX	33.00	1	\$32,973	(\$13,409)	\$19,564
	Contract 3	E-3	III	XIX	36.00	1	81,546	24,134	105,680
<p>Medi-Cal Routine Service Charges</p> <p>Medi-Cal Ancillary Service Charges</p> <p>Medi-Cal Deductibles</p> <p>Medi-Cal Coinsurance</p> <p>To adjust Medi-Cal Settlement Data to agree with the following HP Enterprise Services Provider Claims Data: Provider Number HSC30128F and NPI 1801861190 Reports Dated: July 1, 2009 Payment Period: July 1, 2007 through June 15, 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>									