

**APPEAL RECOMPUTATION  
OF THE  
AUDIT REPORT**

**SUTTER AMADOR HOSPITAL  
JACKSON, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1124077110**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2008**

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

**Section Chief: Steven Gary  
Audit Supervisor: Delia Valencia  
Auditor: Olga L. Barajas**



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



EDMUND G. BROWN JR.  
GOVERNOR

October 12, 2012

Mr. Wade H. Jaeger  
Reimbursement Manager  
Sutter Health  
2880 Gateway Oaks, Suite 200  
Sacramento, CA 95833

In the Matter of:

SUTTER AMADOR HOSPITAL  
NATIONAL PROVIDER IDENTIFIER (NPI) 1124077110  
FISCAL PERIOD ENDED DECEMBER 31, 2008  
CASE NUMBER HA12-1208-1194A-TW

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated September 12, 2012, the following revisions are made to the Medi-Cal audit report dated May 25, 2012.

SUMMARY OF REVISIONS

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>		
Audited Amount Due Provider (State)	\$	(380,333)
Revision		<u>189,350</u>
Revised Amount Due Provider (State)	\$	<u>(190,998)</u>

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary.

Mr. Wade H. Jaeger  
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Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

**Original Signed By**

Steven Gary, Chief  
Audits Section—Sacramento  
Financial Audits Branch

cc: Chris Opara, Chief  
Non-Contract Hospital Recoupment Unit  
Safety Net Financing Division  
Department of Health Care Services  
P.O. Box 997436, MS 4518  
Sacramento, CA 95899-7436

Audit Review and Analysis Section  
Department of Health Care Services  
P.O. Box 997413  
Sacramento, CA 95899-7413

**SUMMARY OF FINDINGS**

**Provider Name:**  
SUTTER AMADOR HOSPITAL

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

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI 1124077110</b>		
Audited	\$ (380,333)	
Net Change	\$ 189,335	
Revised Amount Due Provider (State)	\$ (190,998)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI</b>		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI</b>		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI</b>		
Audited		\$ 0
Net Change		\$ 0
Revised Cost		\$ 0
Revised Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI</b>		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI</b>		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI</b>		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ (190,998)	
<b>9. Total Medi-Cal Cost</b>		\$ 0

**SUMMARY OF FINDINGS**

**Provider Name:**  
**SUTTER AMADOR HOSPITAL**

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

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1) Provider NPI</b>	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1) Provider NPI</b>	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI</b>	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI</b>	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1) Provider NPI 1124077110</b>	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1) Provider NPI</b>	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (190,998)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider NPI  
1124077110

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 3,862,023	\$ 3,916,850
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)	\$ 3,862,023	\$ 3,916,850
6. Interim Payments (Rev )	\$ (3,964,416)	\$ (3,964,416)
7. Balance Due Provider (State)	\$ (102,393)	\$ (47,566)
8. Duplicate Payments (Rev )	\$ 0	\$ 0
9. Total Noncontract AB 5 and AB 1183 Reductions (Rev 1)	\$ (141,433)	\$ (143,432)
10. AB 1153 Cost Adjustment (Rev 2)	\$ (136,507)	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ (380,333)	\$ (190,998)
	(To Summary of Findings)	

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

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
December 31, 2008

Provider NPI  
1124077110

1. 10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3. 10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3)	<u>0</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	<u>0</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>143,432</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>143,432</u></u> (To Schedule 1, Line 9)

**COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT**  
**AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH OCTOBER 31, 2008 - SMALL RURAL HOSPITALS**

**Provider Name:**  
**SUTTER AMADOR HOSPITAL**

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

**Provider NPI**  
**1124077110**

**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>3,935,805</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>703</u>
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)	<u>619</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u><u>3,934,483</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)	<u><u>1,591</u></u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>2,472.96</u></u>

**AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 10/31/08**

7. Audited Medi-Cal Days of Service from 07/1/08 Through 10/31/08(exclude Administrative Days)	<u>580</u>
8. Audited Medi-Cal Cost Per Day For 07/01/08 Through 10/31/08 (Line 6 * Line 7)	\$ <u>1,434,318</u>
9. AB 5 - 10% Cost Reduction for 07/01/08 Through 10/31/08 (Line 8 * 10%)	\$ <u>143,432</u> (To Schedule A, Line 5)



SCHEDULE OF ADMINISTRATIVE DAY ANCILLARY COSTS

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
1124077110

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES **	RATIO COST TO CHARGES	ADMIN DAY CHARGES	ADMIN DAY COSTS
<b>ANCILLARY COST CENTERS</b>						
37.00	Operating Room	\$ 3,942,334	\$ 23,743,305	0.166040	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	939,743	1,041,769	0.902064	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	4,250,849	10,513,323	0.404330	0	0
41.01	Ultrasound	674,071	4,559,481	0.147839	0	0
41.02	MRI	549,058	8,127,395	0.067557	0	0
41.03	CT Scan	598,550	18,091,987	0.033084	0	0
43.00	Radioisotope	0	0	0.000000	0	0
43.01	Nuclear Medicine	736,747	8,555,522	0.086114	0	0
44.00	Laboratory	5,322,085	19,754,919	0.269406	464	125
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
46.30	Blood Clotting Factors Admin Costs	0	0	0.000000	0	0
47.00	Blood Storing and Processing	420,518	302,847	1.388549	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	1,252,070	3,436,796	0.364313	0	0
50.00	Physical Therapy	1,062,922	2,349,456	0.452412	0	0
51.00	Occupational Therapy	0	0	0.000000	0	0
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	67,893	2,098,741	0.032349	0	0
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	3,023,868	7,726,575	0.391359	0	0
56.00	Drugs Charged to Patients	3,982,731	18,510,229	0.215164	2,296	494
57.00	Renal Dialysis	0	0	0.000000	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00	Short Stay Unit	1,056,746	2,329,761	0.453586	0	0
59.01		0	0	0.000000	0	0
60.00	Clinic	3,351,208	2,500,521	1.340204	0	0
60.01	Diabetes Clinic	399,787	186,146	2.147706	0	0
61.00	Emergency	4,913,130	10,080,152	0.487406	0	0
62.00	Observation Beds	0	503,440	0.000000	0	0
63.50	RHC	889,425	906,919	0.980711	0	0
63.51	RHC II	789,902	847,759	0.931753	0	0
63.60	FQHC	0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
<b>TOTAL</b>		<b>\$ 38,223,635</b>	<b>\$ 146,167,043</b>		<b>\$ 2,760</b>	<b>\$ 619</b>

SCHEDULE A-5

\* From Schedule 8, Column 27

\*\* From Schedule 5

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
SUTTER AMADOR HOSPITALFiscal Period Ended:  
DECEMBER 31, 2008Provider NPI  
1124077110

AUDITED

REVISED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$	<u>3,880,978</u>	\$	<u>3,935,805</u>
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## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Rev )	\$	<u>3,624,177</u>	\$	<u>3,624,177</u>
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3. Inpatient Ancillary Service Charges (Rev )	\$	<u>6,975,506</u>	\$	<u>6,975,506</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$	<u>10,599,683</u>	\$	<u>10,599,683</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$	<u>6,718,705</u>	\$	<u>6,663,878</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:  
SUTTER AMADOR HOSPITALFiscal Period Ended:  
DECEMBER 31, 2008Provider NPI  
1124077110

	AUDITED	REVISED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>1,744,603</u>	\$ <u>1,769,153</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>2,136,375</u>	\$ <u>2,166,652</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>3,880,978</u>	\$ <u>3,935,805</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ <u>0</u>
8. SUBTOTAL	\$ <u>3,880,978</u>	\$ <u>3,935,805</u> (To Schedule 2)
9. Coinsurance (Rev )	\$ <u>(18,955)</u>	\$ <u>(18,955)</u>
10. Patient and Third Party Liability (Rev )	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>3,862,023</u></u>	\$ <u><u>3,916,850</u></u> (To Schedule 1)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SUTTER AMADOR HOSPITALFiscal Period Ended:  
DECEMBER 31, 2008Provider NPI  
1124077110

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev )	7,949	7,949
2. Inpatient Days (include private, exclude swing-bed)	7,949	7,949
3. Private Room Days (exclude swing-bed private room) (Rev )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev )	7,949	7,949
5. Medicare NF Swing-Bed Days through Dec 31 (Rev )	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev )	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev )	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev )	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev )	1,035.25	1,035.25

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 9,384,624	\$ 9,517,647
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)	\$ 9,384,624	\$ 9,517,647

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 17,840,199	\$ 17,840,199
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 17,840,199	\$ 17,840,199
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.526038	\$ 0.533494
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)	\$ 2,244.33	\$ 2,244.33
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)	\$ 9,384,624	\$ 9,517,647

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,180.60	\$ 1,197.34
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,222,216	\$ 1,239,546
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 914,159	\$ 927,106
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 2,136,375	\$ 2,166,652

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SUTTER AMADOR HOSPITALFiscal Period Ended:  
DECEMBER 31, 2008Provider NPI  
1124077110

	AUDITED	REVISED
<b>SPECIAL CARE AND/OR NURSERY UNITS</b>		
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 720,840	\$ 731,058
2. Total Inpatient Days (Rev )	650	650
3. Average Per Diem Cost	\$ 1,108.98	\$ 1,124.70
4. Medi-Cal Inpatient Days (Rev )	362	362
5. Cost Applicable to Medi-Cal	\$ 401,451	\$ 407,141
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 3,945,609	\$ 4,001,536
7. Total Inpatient Days (Rev )	1,495	1,495
8. Average Per Diem Cost	\$ 2,639.20	\$ 2,676.61
9. Medi-Cal Inpatient Days (Rev )	194	194
10. Cost Applicable to Medi-Cal	\$ 512,005	\$ 519,262
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Rev )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Rev )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Rev )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
26. Per Diem Rate (Rev )	\$ 351.26	\$ 351.26
27. Medi-Cal Inpatient Days (Rev )	2	2
28. Cost Applicable to Medi-Cal	\$ 703	\$ 703
<b>ADMINISTRATIVE DAYS</b>		
29. Per Diem Rate (Rev )	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Rev )	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 914,159	\$ 927,106

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SUTTER AMADOR HOSPITALFiscal Period Ended:  
DECEMBER 31, 2008Provider NPI  
1124077110

SPECIAL CARE UNITS	AUDITED	REVISED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Rev )	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev )	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 (Rev )	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Rev )	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 (Rev )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev )	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 (Rev )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev )	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 (Rev )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev )	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 (Rev )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev )	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 PROFESSIONAL  
COMPONENT OF HOSPITAL BASED  
PHYSICIAN'S REMUNERATION

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider NPI:  
1124077110

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION  (Rev )	TOTAL CHARGES TO ALL PATIENTS  (Rev )	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES  (Rev )	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
		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 Schedule 3)



Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10)	OLD CAPITAL BLDG & FIXTURES	OLD MOVABLE EQUIP	NEW CAPITAL BLDG & FIXTURES	NEW MOVABLE EQUIP	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
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	2,132,589	0	0	82,689	124,365	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	536,010	0	0	19,361	29,119	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	2,271,059	0	0	131,582	197,901	0	0	0	0	0	0	0
41.01 Ultrasound	449,770	0	0	4,522	6,802	0	0	0	0	0	0	0
41.02 MRI	300,192	0	0	13,769	20,709	0	0	0	0	0	0	0
41.03 CT Scan	325,706	0	0	7,947	11,952	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
43.01 Nuclear Medicine	423,612	0	0	15,214	22,882	0	0	0	0	0	0	0
44.00 Laboratory	3,403,971	0	0	58,372	87,792	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
46.30 Blood Clotting Factors Admin Costs	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	334,060	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	777,943	0	0	15,431	23,208	0	0	0	0	0	0	0
50.00 Physical Therapy	570,487	0	0	30,414	45,743	0	0	0	0	0	0	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiography	29,085	0	0	1,445	2,173	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	2,289,842	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	1,942,963	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Short Stay Unit	499,801	0	0	31,758	47,764	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	1,676,045	0	0	55,078	82,837	0	0	0	0	0	0	0
60.01 Diabetes Clinic	207,276	0	0	11,718	17,624	0	0	0	0	0	0	0
61.00 Emergency	2,821,404	0	0	64,238	96,615	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.50 RHC	596,204	0	0	0	0	0	0	0	0	0	0	0
63.51 RHC II	529,695	0	0	0	0	0	0	0	0	0	0	0
63.60 FQHC	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
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	4,205	6,324	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 Fundraising	114,678	0	0	0	0	0	0	0	0	0	0	0
100.01 Public Relations	266,611	0	0	737	1,108	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	53,008,247	0	0	1,817,952	2,734,220	0	0	0	0	0	0	0



STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	241,527	0	0	0	0	0	0	0	0	2,581,169	619,306
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	66,912	0	0	0	0	0	0	0	0	651,402	156,292
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	211,093	0	0	0	0	0	0	0	0	2,811,636	674,602
41.01 Ultrasound	0	39,965	0	0	0	0	0	0	0	0	501,059	120,220
41.02 MRI	0	15,826	0	0	0	0	0	0	0	0	350,497	84,095
41.03 CT Scan	0	24,193	0	0	0	0	0	0	0	0	369,798	88,726
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
43.01 Nuclear Medicine	0	38,424	0	0	0	0	0	0	0	0	500,133	119,998
44.00 Laboratory	0	322,332	0	0	0	0	0	0	0	0	3,872,467	929,130
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
46.30 Blood Clotting Factors Admin Costs	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	3,335	0	0	0	0	0	0	0	0	337,395	80,952
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	96,714	0	0	0	0	0	0	0	0	913,296	219,129
50.00 Physical Therapy	0	83,746	0	0	0	0	0	0	0	0	730,390	175,244
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	5,200	0	0	0	0	0	0	0	0	37,903	9,094
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,289,842	549,407
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,942,963	466,179
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Short Stay Unit	0	66,101	0	0	0	0	0	0	0	0	645,424	154,858
59.01	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	201,217	0	0	0	0	0	0	0	0	0	0
60.01 Diabetes Clinic	0	32,440	0	0	0	0	0	0	0	0	2,015,177	483,506
61.00 Emergency	0	385,139	0	0	0	0	0	0	0	0	269,057	64,556
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	3,367,396	807,947
63.50 RHC	0	71,389	0	0	0	0	0	0	0	0	667,593	160,177
63.51 RHC II	0	60,945	0	0	0	0	0	0	0	0	590,640	141,714
63.60 FQHC	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
<b>NONREIMBURSABLE COST CENTER:</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	10,528	2,526
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 Fundraising	0	10,977	0	0	0	0	0	0	0	0	125,655	30,149
100.01 Public Relations	0	5,361	0	0	0	0	0	0	0	0	273,817	65,697
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	4,081,841	0	0	0	0	0	0	0	0	53,008,247	10,257,324

Provider Name:  
SUTTER AMADOR 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
<b>GENERAL SERVICE COST CENTER</b>												
1.00 Old Cap Rel Costs-Bldg & Fixtures												
2.00 Old Cap Rel Costs-Movable Equipmer												
3.00 New Cap Rel Costs-Bldg & Fixtures												
4.00 New Cap Rel Costs-Movable Equipme												
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												
7.00 Administrative and General												
8.00 Maintenance and Repairs												
9.00 Operation of Plant												
9.00 Laundry and Linen Service												
10.00 Housekeeping												
11.00 Dietary				13,824								
12.00 Cafeteria				0								
13.00 Maintenance of Personnel				0								
14.00 Nursing Administration				0								
15.00 Central Services & Supply				0								
16.00 Pharmacy				21,943		42,997						
17.00 Medical Records and Library				0		40,016						
18.00 Social Service				13,824		8,414		11,264	10			
19.00				0		0		0	0			
19.02				0		0		0	0			
19.03				0		0		0	0			
20.00 Non-Physician Anesthetists				0		0		0	0			
21.00 Nursing School				0		0		0	0			
22.00 Intern & Res Service-Salary & Fringes				0		0		0	0			
23.00 Intern & Res Other Program				0		0		0	0			
24.00 Paramedical Ed Program				0		0		0	0			
<b>INPATIENT ROUTINE COST CENTE</b>												
25.00 Adults & Pediatrics (Gen Routine)	719,282		80,797	285,263	549,631	250,363		431,891	10,142	295	100,288	256,170
26.00 Intensive Care Unit	235,015		16,159	120,688	108,875	85,066		127,848	6,072	364	42,688	0
27.00 Coronary Care Unit	0		0	0	0	0		0	0	0	0	0
28.00 Neonatal Intensive Care Unit	0		0	0	0	0		0	0	0	0	0
29.00 Surgical Intensive Care	0		0	0	0	0		0	0	0	0	0
30.00 Subprovider I	0		0	0	0	0		0	0	0	0	0
31.00 Subprovider II	0		0	0	0	0		0	0	0	0	0
32.00	0		0	0	0	0		0	0	0	0	0
33.00 Nursery	6,382		0	0	0	19,147		34,690	0	0	3,142	0
34.00 Medicare Certified Nursing Facility	0		0	0	0	0		0	0	0	0	0
35.00 Distinct Part Nursing Facility	0		0	0	0	0		0	0	0	0	0
36.00 Adult Subacute Care Unit	0		0	0	0	0		0	0	0	0	0
36.01 Subacute Care Unit II	0		0	0	0	0		0	0	0	0	0
36.02 Transitional Care Unit	0		0	0	0	0		0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES

MEDICAL RECORDS & LIBRARY 17.00  
PHARMACY 16.00  
CENTRAL SERVICE & SUPPLY 15.00

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

SOCIAL SERVICE 18.00

ANCILLARY COST CENTERS

	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
37.00 Operating Room	280,967	0	24,239	131,660	0	85,398	0	85,720	0	0	133,876	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	65,787	0	0	0	0	21,465	0	38,893	30	0	5,874	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	447,103	0	16,159	131,660	0	105,008	0	0	1,101	4,300	59,279	0
41.01 Ultrasound	15,367	0	0	0	0	11,329	0	0	388	0	25,708	0
41.02 MRI	46,787	0	0	0	0	6,029	0	0	122	15,702	45,826	0
41.03 CT Scan	27,002	0	0	0	0	9,540	0	0	1,472	0	102,011	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
43.01 Nuclear Medicine	51,696	0	0	0	0	12,521	0	0	177	3,981	48,240	0
44.00 Laboratory	198,341	0	0	21,943	0	179,341	0	0	9,475	0	111,388	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
46.30 Blood Clotting Factors Admin Costs	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	464	0	0	0	0	1,708	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	52,433	0	0	0	0	39,684	0	0	0	69	19,378	0
50.00 Physical Therapy	103,344	0	0	0	0	40,214	0	0	482	0	13,247	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	4,909	0	0	0	0	3,644	0	0	509	0	11,834	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	141,053	0	43,566	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	1,469,219	104,369	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Short Stay Unit	107,910	0	0	109,717	0	22,923	0	0	2,779	0	13,136	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	187,148	0	0	0	0	0	0	0	0	0	0	0
60.01 Diabetes Clinic	39,816	0	0	416,923	0	130,846	0	96,607	6,902	0	14,099	0
61.00 Emergency	218,274	0	16,159	109,717	0	14,111	0	11,082	115	0	1,050	0
62.00 Observation Beds	0	0	0	0	0	131,972	0	197,919	6,909	0	56,837	0
63.50 RHC	0	0	0	0	0	0	0	0	0	0	0	0
63.51 RHC II	0	0	0	0	0	35,577	0	20,712	252	0	5,114	0
63.60 FQHC	0	0	0	0	0	32,595	0	19,984	190	0	4,780	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
<b>NONREIMBURSABLE COST CENTER:</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	14,286	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 Fundraising	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Public Relations	2,504	0	0	0	0	5,698	0	0	0	0	0	0
100.02	0	0	0	0	0	3,511	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	3,382,752	0	161,594	1,377,163	658,506	1,337,873	0	1,076,609	188,183	1,493,930	967,438	256,170

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
<b>GENERAL SERVICE COST CENTER</b>											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
2.00 Old Cap Rel Costs-Movable Equipmer											
3.00 New Cap Rel Costs-Bldg & Fixtures											
4.00 New Cap Rel Costs-Movable Equipme											
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											
7.00 Administrative and General											
8.00 Maintenance and Repairs											
9.00 Operation of Plant											
10.00 Laundry and Linen Service											
11.00 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											
19.01	0										
19.02	0										
19.03	0	0	0								
20.00 Non-Physician Anesthetists		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						
<b>INPATIENT ROUTINE COST CENTE</b>											
25.00 Adults & Pediatrics (Gen Routine)		0	0		0				9,517,647		9,517,647
26.00 Intensive Care Unit		0	0		0				4,001,536		4,001,536
27.00 Coronary Care Unit		0	0		0				0		0
28.00 Neonatal Intensive Care Unit		0	0		0				0		0
29.00 Surgical Intensive Care		0	0		0				0		0
30.00 Subprovider I		0	0		0				0		0
31.00 Subprovider II		0	0		0				0		0
32.00		0	0		0				0		0
33.00 Nursery		0	0		0				731,058		731,058
34.00 Medicare Certified Nursing Facility		0	0		0				0		0
35.00 Distinct Part Nursing Facility		0	0		0				0		0
36.00 Adult Subacute Care Unit		0	0		0				0		0
36.01 Subacute Care Unit II		0	0		0				0		0
36.02 Transitional Care Unit		0	0		0				0		0



STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
SUTTER AMADOR 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 STEP-DOWN ADJUSTMENT	TOTAL COST
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	0	0	0	3,942,334	0	3,942,334
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	939,743	0	939,743
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	4,250,849	0	4,250,849
41.01 Ultrasound	0	0	0	0	0	0	0	0	674,071	0	674,071
41.02 MRI	0	0	0	0	0	0	0	0	549,058	0	549,058
41.03 CT Scan	0	0	0	0	0	0	0	0	598,550	0	598,550
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0
43.01 Nuclear Medicine	0	0	0	0	0	0	0	0	736,747	0	736,747
44.00 Laboratory	0	0	0	0	0	0	0	0	5,322,085	0	5,322,085
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0
46.30 Blood Clotting Factors Admin Costs	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	420,518	0	420,518
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	1,252,070	0	1,252,070
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,062,922	0	1,062,922
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	67,893	0	67,893
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	3,023,868	0	3,023,868
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,982,731	0	3,982,731
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00 Short Stay Unit	0	0	0	0	0	0	0	0	1,056,746	0	1,056,746
59.01	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01 Diabetes Clinic	0	0	0	0	0	0	0	0	3,351,208	0	3,351,208
61.00 Emergency	0	0	0	0	0	0	0	0	399,787	0	399,787
62.00 Observation Beds	0	0	0	0	0	0	0	0	4,913,130	0	4,913,130
63.50 RHC	0	0	0	0	0	0	0	0	889,425	0	889,425
63.51 RHC II	0	0	0	0	0	0	0	0	789,902	0	789,902
63.60 FQHC	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTER:</b>											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	27,341	0	27,341
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00 Fundraising	0	0	0	0	0	0	0	0	161,501	0	161,501
100.01 Public Relations	0	0	0	0	0	0	0	0	345,529	0	345,529
100.02	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,008,247</b>	<b>0</b>	<b>53,008,247</b>







STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.1

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
	(Rev )	6.01 (Rev )	6.02 (Rev )	6.03 (Rev )	6.04 (Rev )	6.05 (Rev )	6.06 (Rev )	6.07 (Rev )	6.08 (Rev )		(Rev )
<b>ANCILLARY COST CENTERS</b>											
37.00	1,369,271									2,581,169	5,723
38.00										0	
39.00	379,339									651,402	1,340
40.00										0	
41.00	1,196,736									2,811,636	9,107
41.01	226,569									501,059	313
41.02	89,722									350,497	953
41.03	137,157									369,798	550
43.00										0	
43.01	217,837									500,133	1,053
44.00	1,827,375									3,872,467	4,040
44.01										0	
46.00										0	
46.30										0	
47.00	18,905									337,395	
48.00										0	
49.00	548,295									913,296	1,068
50.00	474,777									730,390	2,105
51.00										0	
52.00										0	
53.00	29,478									37,903	100
54.00										0	
55.00										2,289,842	
56.00										1,942,963	
57.00										0	
58.00										0	
59.00	374,742									645,424	2,198
59.01										0	
60.00	1,140,746									2,015,177	3,812
60.01	183,911									269,057	811
61.00	2,183,446									3,367,396	4,446
62.00										0	
63.50	404,722									667,593	
63.51	345,512									590,640	
63.60										0	
84.00										0	
85.00										0	
86.00										0	
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00										10,528	291
97.00										0	
98.00										0	
99.00										0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00	62,230									125,655	
100.01	30,391									273,817	51
100.02										0	
100.03										0	
100.04										0	
TOTAL	23,140,918	0	0	0	0	0	0	0	0	42,750,923	68,903
COST TO BE ALLOCATED	4,081,841	0	0	0	0	0	0	0	0	10,257,324	3,382,752
UNIT COST MULTIPLIER - SCH 8	0.176391	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.239832	49.094406

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (C-ST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TIME SPENT)	SOC SERV (TIME SPENT)	STAT
8.00 (Rev)	9.00 (Rev)	10.00 (Rev)	11.00 (Rev)	12.00 (Rev)	13.00 (Rev)	14.00 (Rev)	15.00 (Rev)	16.00 (Rev)	17.00 (Rev)	18.00 (Rev)	19.00 (Rev)

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  
 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 Non-Physician Anesthetists  
 21.00 Nursing School  
 22.00 Intern & Res Service-Salary & Fringes  
 23.00 Intern & Res Other Program  
 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

25.00 Adults & Pediatrics (Gen Routine)  
 26.00 Intensive Care Unit  
 27.00 Coronary Care Unit  
 28.00 Neonatal Intensive Care Unit  
 29.00 Surgical Intensive Care  
 30.00 Subprovider I  
 31.00 Subprovider II  
 32.00

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

1,762  
 1,171  
 3,485  
 63  
 965  
 1,778  
 667  
 1,199  
 347

100  
 649  
 604  
 127  
 63

1,793  
 155

390  
 481

164,645  
 98,575

17,786,353  
 7,570,817

4,375

5,522

289

130

557,286

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Rev)	LAUNDRY & LINEN (LB LNDRY) (Rev)	HOUSE-KEEPING (HR SERV) (Rev)	DIETARY (MEALS SERVED) (Rev)	CAFETERIA (Rev)	MAINT OF PERSONNEL (# HOUSED) (Rev)	NURSING ADMIN (NURSE HR) (Rev)	CENT SERV & SUPPLY (C-ST REQ) (Rev)	PHARMACY (COSTS REQUIS) (Rev)	MED REC (TIME SPENT) (Rev)	SOC SERV (TIME SPENT) (Rev)	STAT (Rev)
<b>ANCILLARY COST CENTERS</b>												
37.00	5,723	40,131	600		1,289		13,645			23,743,305		
38.00												
39.00	1,340				324		6,191	485		1,041,769		
40.00												
41.00	9,107	26,754	600		1,585		17,880	17,880	5,687	10,513,323		
41.01	313				171		6,300	6,300		4,559,481		
41.02	953				91		1,965	1,965		8,127,395		
41.03	550				144		23,903	23,903		18,091,987		
43.00												
43.01	1,053				189		2,879	2,879	5,264	8,555,522		
44.00	4,040		100		2,707		153,818	153,818		19,754,919		
44.01												
46.00												
46.30												
47.00												
48.00												
49.00												
50.00	1,068	13,377										
51.00	2,105											
52.00												
53.00												
54.00	100											
55.00												
56.00												
57.00												
58.00												
59.00												
59.01	2,198		500		346			45,116		2,329,761		
60.00	3,812		1,900		1,975		15,378	112,053		2,500,521		
60.01	811				213		1,764	1,874		186,146		
61.00	4,446	26,754	500		1,992		31,505	112,166		10,080,152		
62.00												
63.50												
63.51												
63.60												
84.00												
85.00												
86.00												
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00	291											
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00												
100.01	51											
100.02												
100.03												
100.04												
TOTAL	68,903	267,539	6,276	28,808	20,194	0	171,376	3,054,943	1,975,641	171,578,059	4,375	0
COST TO BE ALLOCATED	0	161,594	1,377,163	658,506	1,337,873	0	1,076,609	188,183	1,493,930	967,438	256,170	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.604002	219.433205	22.858441	66.250994	0.000000	6.282145	0.061599	0.756175	0.005638	58.553041	0.000000

Provider Name:  
SUTTER AMADOR 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)
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 Old Cap Rel Costs-Bldg & Fixtures	19.02 (Rev)	19.03 (Rev)	20.00 (Rev)	21.00 (Rev)	22.00 (Rev)	23.00 (Rev)	24.00 (Rev)
2.00 Old Cap Rel Costs-Movable Equipment	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
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 Non-Physician Anesthetists							
21.00 Nursing School							
22.00 Intern & Res Service-Salary & Fringes							
23.00 Intern & Res Other Program							
24.00 Paramedical Ed Program							
<b>INPATIENT ROUTINE COST CENTERS</b>							
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:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	1,817,952	0	1,817,952
4.00	New Cap Rel Costs-Movable Equipment	2,734,220	0	2,734,220
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	3,996,422	0	3,996,422
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	8,239,475	739,951	8,979,426
7.00	Maintenance and Repairs	1,536,255	0	1,536,255
8.00	Operation of Plant	0	0	0
9.00	Laundry and Linen Service	130,325	0	130,325
10.00	Housekeeping	873,534	0	873,534
11.00	Dietary	391,882	0	391,882
12.00	Cafeteria	721,377	0	721,377
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	652,581	0	652,581
15.00	Central Services & Supply	17,043	0	17,043
16.00	Pharmacy	962,786	0	962,786
17.00	Medical Records and Library	598,670	0	598,670
18.00	Social Service	129,935	0	129,935
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00	Non-Physician Anesthetists	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
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults & Pediatrics (Gen Routine)	4,346,215	0	4,346,215
26.00	Intensive Care Unit	2,146,477	0	2,146,477
27.00	Coronary Care Unit	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0
29.00	Surgical Intensive Care	0	0	0
30.00	Subprovider I	0	0	0
31.00	Subprovider II	0	0	0
32.00		0	0	0
33.00	Nursery	474,144	0	474,144
34.00	Medicare Certified Nursing Facility	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	0	0	0
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
SUTTER AMADOR HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2008

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 2,132,589	\$ 0	\$ 2,132,589
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	536,010	0	536,010
40.00	Anesthesiology	0	0	0
41.00	Radiology - Diagnostic	2,271,059	0	2,271,059
41.01	Ultrasound	449,770	0	449,770
41.02	MRI	300,192	0	300,192
41.03	CT Scan	325,706	0	325,706
43.00	Radioisotope	0	0	0
43.01	Nuclear Medicine	423,612	0	423,612
44.00	Laboratory	3,408,101	(4,130)	3,403,971
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	0	0	0
46.30	Blood Clotting Factors Admin Costs	0	0	0
47.00	Blood Storing and Processing	334,060	0	334,060
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	777,943	0	777,943
50.00	Physical Therapy	570,487	0	570,487
51.00	Occupational Therapy	0	0	0
52.00	Speech Pathology	0	0	0
53.00	Electrocardiology	29,085	0	29,085
54.00	Electroencephalography	0	0	0
55.00	Medical Supplies Charged to Patients	2,289,842	0	2,289,842
56.00	Drugs Charged to Patients	1,942,963	0	1,942,963
57.00	Renal Dialysis	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0
59.00	Short Stay Unit	499,801	0	499,801
59.01		0	0	0
60.00	Clinic	1,676,045	0	1,676,045
60.01	Diabetes Clinic	207,276	0	207,276
61.00	Emergency	2,821,404	0	2,821,404
62.00	Observation Beds	0	0	0
63.50	RHC	596,204	0	596,204
63.51	RHC II	529,695	0	529,695
63.60	FQHC	0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
	<b>SUBTOTAL</b>	\$ 51,891,137	\$ 735,821	\$ 52,626,958
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
97.00	Research	0	0	0
98.00	Physicians' Private Office	0	0	0
99.00	Nonpaid Workers	0	0	0
99.01		0	0	0
99.02		0	0	0
99.03		0	0	0
99.04		0	0	0
99.05		0	0	0
100.00	Fundraising	114,678	0	114,678
100.01	Public Relations	266,611	0	266,611
100.02		0	0	0
100.03		0	0	0
100.04		0	0	0
100.99	<b>SUBTOTAL</b>	\$ 381,289	\$ 0	\$ 381,289
101	<b>TOTAL</b>	\$ 52,272,426	\$ 735,821	\$ 53,008,247

(To Schedule 8)









Provider Name		Fiscal Period		Provider NPI		Revisions		
SUTTER AMADOR HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		1124077110		3		
Rev. No.	Revised Report	Report References			Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
		Work Sheet	Part	Title				
1	1	N/A	9.00	2	AB 5 and AB 1183 Reductions	\$141,433	\$1,999	\$143,432
2	1	E-3	III	XIX	50.00 1 AB 1153 Cost Adjustment	\$136,507	(\$136,507)	\$0
3	10A 10A	A A	6.00 44.00	7 7	Administrative and General Laboratory	\$8,239,475 3,408,101	\$739,951 (4,130)	\$8,979,426 3,403,971
					APPEAL FINDINGS - ISSUE 1			
					APPEAL FINDINGS - ISSUE 1			
					APPEAL FINDINGS - ISSUE 3			