

**REPORT  
ON THE  
COST REPORT REVIEW**

**COAST PLAZA DOCTORS HOSPITAL  
NORWALK, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1194016923  
FISCAL PERIOD  
AUGUST 15, 2011 THROUGH DECEMBER 31, 2011**

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

**Section Chief: Margaret A. Varho  
Audit Supervisor: Henry Igboke  
Auditor: Sandra Hy**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

November 26, 2013

Mihi Lee, CFO  
Coast Plaza Doctors Hospital  
13100 Studebaker Road  
Norwalk, CA 90650

COAST PLAZA DOCTORS HOSPITAL  
NATIONAL PROVIDER IDENTIFIER (NPI) 1194016923  
FISCAL PERIOD AUGUST 15, 2011 THROUGH DECEMBER 31, 2011

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

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Cost (CONTRACT Schedules)
3. Audit Adjustments Schedule

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:

Mihi Lee  
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Chief  
Department of Health Care Services  
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

**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  
(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—Santa Ana at (714) 558-4434.

***(Original signed by Margaret Varho)***

Margaret A. Varho, Chief  
Audits Section—Santa Ana  
Financial Audits Branch

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**COAST PLAZA DOCTORS HOSPITAL**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
<b>2. Subprovider I (SCHEDULE 1-1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b>	<b>Provider NPI: 1194016923</b>		
	Reported		\$ 1,180,900
	Net Change		\$ (194,467)
	Audited Cost		\$ 986,433
Audited Amount Due Provider (State)		\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>		\$ 0	
<b>9. Total Medi-Cal Cost</b>			\$ 986,433

**SUMMARY OF FINDINGS**

**Provider Name:**  
**COAST PLAZA DOCTORS HOSPITAL**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

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

## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1194016923

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		\$ 1,180,900	\$ 986,433
2. Excess Reasonable Cost Over Charges (Contract Sch 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	\$ 0
5. Subtotal (Sum of Lines 1 through 4)		\$ 1,180,900	\$ 986,433
6.	\$	\$ 0	\$ 0
7.	\$	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)		\$ 1,180,900	\$ 986,433
		(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj )		\$ 0	\$ 0
10. Medi-Cal Credit Balances (Adj )		\$ 0	\$ 0
11.	\$	\$ 0	\$ 0
12.	\$	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ 0
		(To Summary of Findings)	

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

**Provider Name:**  
**COAST PLAZA DOCTORS HOSPITAL**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1194016923**

<b>REPORTED</b>
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<b>AUDITED</b>
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**REASONABLE COST OF MEDI-CAL INPATIENT SERVICES**

1. Cost of Covered Services (Contract Sch 3)	\$ <u>1,180,900</u>	\$ <u>976,682</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adj 4)	\$ <u>1,101,775</u>	\$ <u>1,011,391</u>
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3. Inpatient Ancillary Service Charges (Adj 4)	\$ <u>2,178,842</u>	\$ <u>2,603,433</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>3,280,617</u>	\$ <u>3,614,824</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>2,099,717</u>	\$ <u>2,638,142</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 Contract Sch 1)	

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



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

**Provider Name:**  
**COAST PLAZA DOCTORS HOSPITAL**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1194016923**

**GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS**

REPORTED	AUDITED
4,490	4,490
4,490	4,490
0	0
4,490	4,490
0	0
0	0
0	0
0	0
749	532

**INPATIENT DAYS**

1. Total Inpatient Days (include private & swing-bed) (Adj )	4,490	4,490
2. Inpatient Days (include private, exclude swing-bed)	4,490	4,490
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	4,490	4,490
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 2)	749	532

**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 30, Col 27)	\$ 3,785,332	\$ 3,846,431
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)	\$ 3,785,332	\$ 3,846,431

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj )	\$ 7,581,303	\$ 7,581,303
29. Private Room Charges (excluding swing-bed charges) (Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj )	\$ 7,581,303	\$ 7,581,303
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.499298	\$ 0.507358
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 1,688.49	\$ 1,688.49
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)	\$ 3,785,332	\$ 3,846,431

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 843.06	\$ 856.67
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 631,452	\$ 455,748
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 101,593	\$ 12,878
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 733,045	\$ 468,626

(To Contract Sch 3)

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

**Provider Name:**  
**COAST PLAZA DOCTORS HOSPITAL**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1194016923**

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, 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
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 1,087,476	\$ 1,087,476
7. Total Inpatient Days (Adj )	760	760
8. Average Per Diem Cost	\$ 1,430.89	\$ 1,430.89
9. Medi-Cal Inpatient Days (Adj 2)	71	9
10. Cost Applicable to Medi-Cal	\$ 101,593	\$ 12,878
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, 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
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, 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
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, 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
<b>OTHER SPECIAL CARE (SPECIFY)</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, 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)	\$ 101,593	\$ 12,878
	(To Contract Sch 4)	

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

**Provider Name:**  
**COAST PLAZA DOCTORS HOSPITAL**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1194016923**

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:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1194016923

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
50.00	Operating Room	\$ 911,397	\$ 6,506,059	0.140084	\$ 358,114	\$ 50,166
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	1,132,897	7,346,365	0.154212	389,623	60,085
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	859,176	4,610,539	0.186350	437,178	81,468
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	148,262	390,092	0.380068	15,644	5,946
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	453,588	2,559,788	0.177198	156,623	27,753
66.00	Physical Therapy	103,564	187,400	0.552638	10,110	5,587
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	135,882	1,439,923	0.094368	89,857	8,480
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	1,601,488	3,862,618	0.414612	396,318	164,318
72.00	Implantable Devices Charged to Patients	298,622	870,539	0.343032	0	0
73.00	Drugs Charged to Patients	477,025	4,851,051	0.098334	434,129	42,690
74.00	Renal Dialysis	105,720	507,044	0.208502	95,933	20,002
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	0	0
77.00		0	0	0.000000	0	0
78.00		0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	1,085,240	5,742,104	0.188997	219,904	41,561
92.00	Observation Beds	0	11,700	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	<b>TOTAL</b>	<b>\$ 7,312,862</b>	<b>\$ 38,885,222</b>		<b>\$ 2,603,433</b>	<b>\$ 508,056</b>

(To Contract Sch 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1194016923

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 3)	AUDITED
50.00	Operating Room	\$ 286,457	\$ 71,657	\$ 358,114
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	171,898	217,725	389,623
55.00	Radiology-Therapeutic			0
56.00	Radioisotope			0
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	247,673	189,505	437,178
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells	78,608	(62,964)	15,644
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	164,775	(8,152)	156,623
66.00	Physical Therapy	15,102	(4,992)	10,110
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology	94,951	(5,094)	89,857
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	361,465	34,853	396,318
72.00	Implantable Devices Charged to Patients	11,376	(11,376)	0
73.00	Drugs Charged to Patients	415,284	18,845	434,129
74.00	Renal Dialysis	121,515	(25,582)	95,933
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
77.00				0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency	209,738	10,166	219,904
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 2,178,842	\$ 424,591	\$ 2,603,433

(To Contract Sch 5)













Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

	TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.00
105.00	Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00	Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00	Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00	Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00	Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00	Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00	Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00	Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00	Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00	Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
190.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	1,460	381
192.01	Marketing	0	485	0	0	0	0	0	0	0	0	5,183	1,353
192.02	Non Patient Meals	0	0	0	0	0	0	0	0	0	0	6,860	1,791
192.03	Transportation	0	1,764	0	0	0	0	0	0	0	0	25,363	6,621
192.06	Medical Office Building	0	0	0	0	0	0	0	0	0	0	112,756	29,436
192.07	Nurse Apartments	0	0	0	0	0	0	0	0	0	0	15,259	3,983
192.08	Whittier - Vacant Building & Cosmet	0	0	0	0	0	0	0	0	0	0	37,221	9,717
192.10	Non Allowable Management Salaries	0	0	0	0	0	0	0	0	0	0	150	39
192.11	Medical Office Building	0	0	0	0	0	0	0	0	0	0	0	0
193.03		0	0	0	0	0	0	0	0	0	0	0	0
193.04		0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<u>0</u>	<u>682,064</u>	<u>0</u>	<u>12,749,148</u>	<u>2,639,257</u>							





Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop & Canteen	510	2,940	0	1,247	0	0	0	0	0	0	0	0
192.01 Marketing	654	3,769	0	1,598	0	264	0	0	0	0	0	0
192.02 Non Patient Meals	2,396	13,814	0	5,858	126,842	0	0	0	0	0	0	0
192.03 Transportation	0	0	0	0	0	1,985	0	0	0	0	0	0
192.06 Medical Office Building	0	0	0	0	0	0	0	0	0	0	0	0
192.07 Nurse Apartments	0	0	0	0	0	0	0	0	0	0	0	0
192.08 Whittier - Vacant Building & Cosmet	12,259	70,670	0	0	0	0	0	0	0	0	0	0
192.10 Non Allowable Management Salaries	0	0	0	0	0	0	0	0	0	0	0	0
192.11 Medical Office Building	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
0												
<b>TOTAL</b>	<b><u>180,732</u></b>	<b><u>726,543</u></b>	<b><u>169,367</u></b>	<b><u>270,794</u></b>	<b><u>425,968</u></b>	<b><u>114,107</u></b>	<b><u>0</u></b>	<b><u>426,779</u></b>	<b><u>83,458</u></b>	<b><u>434,084</u></b>	<b><u>438,258</u></b>	<b><u>41,127</u></b>





Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST	TOTAL COST 26.00
										STEP-DOWN ADJUSTMENT Adj. 1 25.00	
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	6,538		6,538
192.01 Marketing	0	0	0	0	0	0	0	0	12,822		12,822
192.02 Non Patient Meals	0	0	0	0	0	0	0	0	157,560		157,560
192.03 Transportation	0	0	0	0	0	0	0	0	33,970		33,970
192.06 Medical Office Building	0	0	0	0	0	0	0	0	142,192		142,192
192.07 Nurse Apartments	0	0	0	0	0	0	0	0	19,242		19,242
192.08 Whittier - Vacant Building & Cosmet	0	0	0	0	0	0	0	0	129,867		129,867
192.10 Non Allowable Management Salaries	0	0	0	0	0	0	0	0	189		189
192.11 Medical Office Building	0	0	0	0	0	0	0	0	0		0
193.03	0	0	0	0	0	0	0	0	0		0
193.04	0	0	0	0	0	0	0	0	0		0
<b>TOTAL</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>82,481</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,749,148</u>	<u>0</u>	<u>12,749,148</u>











Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES)	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)								
	4.00	5.01	5.02	5.03	5.04	5.05	5.06	5.07	5.08			5.00	6.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)				(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)				(Adj)
105.00 Kidney Acquisition													0
106.00 Heart Acquisition													0
107.00 Liver Acquisition													0
108.00 Lung Acquisition													0
109.00 Pancreas Acquisition													0
110.00 Intestinal Acquisition													0
111.00 Islet Acquisition													0
112.00 Other Organ Acquisition (specify)													0
113.00 Interest Expense													0
114.00 Utilization Review-SNF													0
190.00 Gift, Flower, Coffee Shop & Canteen												1,460	156
192.01 Marketing	4,255											5,183	200
192.02 Non Patient Meals												6,860	733
192.03 Transportation	15,465											25,363	
192.06 Medical Office Building												112,756	
192.07 Nurse Apartments												15,259	
192.08 Whittier - Vacant Building & Cosmet												37,221	3,750
192.10 Non Allowable Management Salaries												150	
192.11 Medical Office Building												0	
193.03												0	
193.04												0	
TOTAL	5,978,980	0	0	0	0	0	0	0	0	0		10,109,891	55,287
COST TO BE ALLOCATED	682,064	0	0	0	0	0	0	0	0	0		2,639,257	180,732
UNIT COST MULTIPLIER - SCH 8	0.114077	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.261057	3.268975





STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:

Fiscal Period Ended:

COAST PLAZA DOCTORS HOSPITAL

DECEMBER 31, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (PATIENT DAYS)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
112.00 Other Organ Acquisition (specify)												
113.00 Interest Expense												
114.00 Utilization Review-SNF												
190.00 Gift, Flower, Coffee Shop & Canteen	156		156									
192.01 Marketing	200		200		70							
192.02 Non Patient Meals	733		733	8,868								
192.03 Transportation					526							
192.06 Medical Office Building												
192.07 Nurse Apartments												
192.08 Whittier - Vacant Building & Cosmet	3,750											
192.10 Non Allowable Management Salaries												
192.11 Medical Office Building												
193.03												
193.04												
TOTAL	38,553	133,953	33,885	29,781	30,231	0	80,474	100	100	49,509,800	5,245	0
COST TO BE ALLOCATED	726,543	169,367	270,794	425,968	114,107	0	426,779	83,458	434,084	438,258	41,127	0
UNIT COST MULTIPLIER - SCH 8	18.845315	1.264377	7.991550	14.303333	3.774490	0.000000	5.303313	834.582767	4340.837776	0.008852	7.841276	0.000000

Provider Name:

COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:

DECEMBER 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01							
5.02							
5.03							
5.04							
5.05							
5.06							
5.07							
5.08							
5.00	Administrative and General						
6.00	Maintenance and Repairs						
7.00	Operation of Plant						
8.00	Laundry and Linen Service						
9.00	Housekeeping						
10.00	Dietary						
11.00	Cafeteria						
12.00	Maintenance of Personnel						
13.00	Nursing Administration						
14.00	Central Services and Supply						
15.00	Pharmacy						
16.00	Medical Records & Library						
17.00	Social Service						
18.00	Other General Service (specify)						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Service-Salary & Fringes (Approved)						
22.00	Intern & Res. Other Program Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.01							
23.02							
<b>INPATIENT ROUTINE COST CENTERS</b>							
30.00	Adults & Pediatrics (Gen Routine)		3,292	3,292			
31.00	Intensive Care Unit						
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Other Special Care (specify)						
40.00	Subprovider - IPF						
41.00	Subprovider - IRF						
42.00	Subprovider (specify)						
43.00	Nursery						
44.00	Skilled Nursing Facility						
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:

COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:

DECEMBER 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00 (Adj) (Adj)	20.00 (Adj) (Adj)	21.00 (Adj) (Adj)	22.00 (Adj) (Adj)	23.00 (Adj) (Adj)	23.01 (Adj) (Adj)	23.02 (Adj) (Adj)
<b>ANCILLARY COST CENTERS</b>							
50.00	Operating Room		672	672			
51.00	Recovery Room						
52.00	Labor Room and Delivery Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic		128	128			
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory		176	176			
61.00	PBP Clinical Laboratory Services-Program Only						
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, & Trans.						
64.00	Intravenous Therapy						
65.00	Respiratory Therapy						
66.00	Physical Therapy						
67.00	Occupational Therapy						
68.00	Speech Pathology						
69.00	Electrocardiology						
70.00	Electroencephalography						
71.00	Medical Supplies Charged to Patients						
72.00	Implantable Devices Charged to Patients						
73.00	Drugs Charged to Patients						
74.00	Renal Dialysis						
75.00	ASC (Non-Distinct Part)						
76.00	Other Ancillary (specify)						
77.00							
78.00							
79.00							
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency		176	176			
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
<b>NONREIMBURSABLE COST CENTERS</b>							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable (specify)						
99.00	Outpatient Rehabilitation Provider (specify)						
100.00	Intern-Resident Service (not appvd. tchnlg. prgm.)						
101.00	Home Health Agency						

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
105.00	Kidney Acquisition						
106.00	Heart Acquisition						
107.00	Liver Acquisition						
108.00	Lung Acquisition						
109.00	Pancreas Acquisition						
110.00	Intestinal Acquisition						
111.00	Islet Acquisition						
112.00	Other Organ Acquisition (specify)						
113.00	Interest Expense						
114.00	Utilization Review-SNF						
190.00	Gift, Flower, Coffee Shop & Canteen						
192.01	Marketing						
192.02	Non Patient Meals						
192.03	Transportation						
192.06	Medical Office Building						
192.07	Nurse Apartments						
192.08	Whittier - Vacant Building & Cosmet						
192.10	Non Allowable Management Salaries						
192.11	Medical Office Building						
193.03							
193.04							
TOTAL	0	0	4,444	4,444	0	0	0
COST TO BE ALLOCATED	0	0	82,481	0	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	18.560013	0.000000	0.000000	0.000000	0.000000

## TRIAL BALANCE OF EXPENSES

Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 117,981	\$ 0	\$ 117,981
2.00	Capital Related Costs-Movable Equipment	641,496	0	641,496
3.00	Other Capital Related Costs		0	0
3.01			0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	680,211	0	680,211
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	2,309,900	0	2,309,900
6.00	Maintenance and Repairs	135,575	0	135,575
7.00	Operation of Plant	369,127	0	369,127
8.00	Laundry and Linen Service	118,515	0	118,515
9.00	Housekeeping	189,427	0	189,427
10.00	Dietary	254,098	0	254,098
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	297,731	0	297,731
14.00	Central Services and Supply	34,681	0	34,681
15.00	Pharmacy	316,150	0	316,150
16.00	Medical Records & Library	294,033	0	294,033
17.00	Social Service	26,026	0	26,026
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	48,071	0	48,071
22.00	Intern & Res. Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (specify)		0	0
23.01			0	0
23.02			0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
30.00	Adults & Pediatrics (Gen Routine)	1,934,648	0	1,934,648
31.00	Intensive Care Unit	592,874	0	592,874
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 403,902	\$ 0	\$ 403,902
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room		0	0
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	668,690	0	668,690
55.00	Radiology-Therapeutic		0	0
56.00	Radioisotope		0	0
57.00	Computed Tomography (CT) Scan		0	0
58.00	Magnetic Resonance Imaging (MRI)		0	0
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	533,820	0	533,820
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells	114,831	0	114,831
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	283,175	0	283,175
66.00	Physical Therapy	68,012	0	68,012
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology	78,050	0	78,050
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	1,192,546	0	1,192,546
72.00	Implantable Devices Charged to Patients	214,809	0	214,809
73.00	Drugs Charged to Patients		0	0
74.00	Renal Dialysis	80,275	0	80,275
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		0	0
77.00			0	0
78.00			0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic		0	0
91.00	Emergency	608,311	0	608,311
92.00	Observation Beds		0	0
93.00	Other Outpatient Services (Specify)		0	0
93.01			0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	<b>SUBTOTAL</b>	\$ 12,606,965	\$ 0	\$ 12,606,965
	<b>NONREIMBURSABLE COST CENTERS</b>			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)		0	0
99.00	Outpatient Rehabilitation Provider (specify)		0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)		0	0
101.00	Home Health Agency		0	0
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition (specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review-SNF		0	0
190.00	Gift, Flower, Coffee Shop & Canteen		0	0
192.01	Marketing	2,826	0	2,826
192.02	Non Patient Meals	0	0	0
192.03	Transportation	23,599	0	23,599
192.06	Medical Office Building	112,756	0	112,756
192.07	Nurse Apartments	725	0	725
192.08	Whittier - Vacant Building & Cosmet	2,127	0	2,127
192.10	Non Allowable Management Salaries	150	0	150
192.11	Medical Office Building		0	0
193.03			0	0
193.04			0	0
	SUBTOTAL	\$ 142,183	\$ 0	\$ 142,183
200	TOTAL	\$ 12,749,148	\$ 0	\$ 12,749,148

(To Schedule 8)





Provider Name:  
COAST PLAZA DOCTORS HOSPITAL

Fiscal Period Ended:  
DECEMBER 31, 2011

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ										
105.00 Kidney Acquisition	0											
106.00 Heart Acquisition	0											
107.00 Liver Acquisition	0											
108.00 Lung Acquisition	0											
109.00 Pancreas Acquisition	0											
110.00 Intestinal Acquisition	0											
111.00 Islet Acquisition	0											
112.00 Other Organ Acquisition (specify)	0											
113.00 Interest Expense	0											
114.00 Utilization Review-SNF	0											
190.00 Gift, Flower, Coffee Shop & Canteen	0											
192.01 Marketing	0											
192.02 Non Patient Meals	0											
192.03 Transportation	0											
192.06 Medical Office Building	0											
192.07 Nurse Apartments	0											
192.08 Whittier - Vacant Building & Cosmet	0											
192.10 Non Allowable Management Salaries	0											
192.11 Medical Office Building	0											
193.03	0											
193.04	0											
200.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)







Provider Name							Fiscal Period	Provider NPI	Adjustments	
COAST PLAZA DOCTORS HOSPITAL							AUGUST 15, 2011 THROUGH DECEMBER 31, 2011	1194016923	5	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
1	8						<p style="text-align: center;"><u>MEMORANDUM ADJUSTMENT</u></p> <p>To adjust the provider's post step-down elimination of Interns and Residents cost on Worksheet B, Part I, column 25 to agree with the allocated amount on the audit report. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Section 2304 CMS Pub. 15-2, Section 1910</p>			

Provider Name							Fiscal Period	Provider NPI		Adjustments
COAST PLAZA DOCTORS HOSPITAL							AUGUST 15, 2011 THROUGH DECEMBER 31, 2011	1194016923		5
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>										
2	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	749	(217)	532
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	71	(62)	9
3	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$286,457	\$71,657	\$358,114
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	171,898	217,725	389,623
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	247,673	189,505	437,178
	Contract 6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood & Packed Red Blood Cells	78,608	(62,964)	15,644
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	164,775	(8,152)	156,623
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	15,102	(4,992)	10,110
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	94,951	(5,094)	89,857
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	361,465	34,853	396,318
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	11,376	(11,376)	0
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	415,284	18,845	434,129
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	121,515	(25,582)	95,933
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	209,738	10,166	219,904
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	2,178,842	424,591	2,603,433
4	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$1,101,775	(\$90,384)	\$1,011,391
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	2,178,842	424,591	2,603,433
5	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	\$0	\$9,751	\$9,751
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data:</p> <p>Service Period: August 15, 2011 through December 31, 2011</p> <p>Payment Period: August 15, 2011 through July 17, 2013</p> <p>Report Date: July 18, 2013</p> <p>42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139</p> <p>CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408</p> <p>CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>										