REPORT
ON THE
COST REPORT REVIEW

BROTMAN MEDICAL CENTER
CULVER CITY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1205925054

FISCAL PERIOD ENDED
DECEMBER 31, 2011

Audits Section—Gardena
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Maria Delgado
Audit Supervisor: Ginn Sampson
Auditor: Derek Bradley

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

August 1, 2013

Barbara Schneider, Administrator
Brotman Medical Center
3828 Delmas Terrace
Culver City, CA 90232

BROTMAN MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI): 1205925054
FISCAL PERIOD ENDED: 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 audited settlement for the fiscal period due the State in the amount of $136,029, presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings

2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)

3. Computation of Medi-Cal Cost (CONTRACT Schedules)

4. Computation of Subprovider I (PSYCHIATRIC Schedules)

5. Computation of Subprovider II (REHABILITATION Schedules)

6. Audit Adjustments Schedule

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

Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Fee-For-Service Rates Development Division.

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

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

Chief
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—Gardena at (310) 516-4757.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Certified
Enclosures

cc: Lily Runke
Vice President of Government Programs
Alta Hospital System, LLC
10780 Santa Monica Boulevard, Suite 400
Los Angeles, CA 90025

SUMMARY OF FINDINGS

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	Provider NPI: 1205925054		
	Reported	$ 0	
	Net Change	$ (124,550)	
	Audited Amount Due Provider (State)	$ (124,550)	
2.	**PSYCHIATRIC (SCHEDULE 1-1)**		
	Provider NPI: 1881788891		
	Reported	$ 12,976,210	
	Net Change	$ (12,976,210)	
	Audited Amount Due Provider (State)	$ 0	
3.	**REHABILITATION (SCHEDULE 1-2)**		
	Provider NPI: 1881788891		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
4.	**Medi-Cal Contract Cost (CONTRACT SCH 1)**		
	Provider NPI: 1205925054		
	Reported		$ 15,015,848
	Net Change		$ (5,623,635)
	Audited Cost		$ 9,392,214
	Audited Amount Due Provider (State)	$ (11,479)	
5.	**Distinct Part Nursing Facility (DPNF SCH 1)**		
	Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	
6.	**Distinct Part Nursing Facility (DPNF SCH 1-1)**		
	Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	
7.	**Adult Subacute (ADULT SUBACUTE SCH 1)**		
	Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	

8.	**Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)**	$ (136,029)	
9.	**Total Medi-Cal Cost**		$ 9,392,214

SUMMARY OF FINDINGS

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
10.	**Subacute (SUBACUTE SCH 1-1)**		
	Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	
11.	**Rural Health Clinic (RHC SCH 1)**		
	Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
12.	**Rural Health Clinic (RHC 95-210 SCH 1)**		
	Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
13.	**Rural Health Clinic (RHC 95-210 SCH 1-1)**		
	Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
14.	**County Medical Services Program (CMSP SCH 1)**		
	Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
15.	**Transitional Care (TC SCH 1)**		
	Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	

16.	**Total Other Settlement Due Provider - (Lines 10 through 15)**	$ 0
17.	**Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)**	$ (136,029)

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

			REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		$ 0	$ 229,599
2.	Excess Reasonable Cost Over Charges (Schedule 2)		$ 0	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services		$ 0	$ N/A
4.		$	$ 0	0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		$ 0	$ 229,599
6.	Interim Payments (Adj 10)		$	$ (354,149)
7.	Balance Due Provider (State)		$ 0	$ (124,550)
8.	Duplicate Payments (Adj)		$ 0	$ 0
9.		$	$ 0	0
10.	$	$	0	0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		$ 0	$ (124,550)

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: NONCONTRACT

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

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 0	$ 228,043
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 9)	$	$ 182,750
3. Inpatient Ancillary Service Charges (Adj 9)	$	$ 172,955
4. Total Charges - Medi-Cal Inpatient Services	$ 0	$ 355,705
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 0	$ 127,662
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
		(To Schedule 1)

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

STATE OF CALIFORNIA

SCHEDULE 3
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

				REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)			$	$ 17,131
2.	Medi-Cal Inpatient Routine Services (Schedule 4)			$ 0	$ 210,912
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)			$ 0	$ 0
4.		$	$	0	0
5.		$	$	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)			$ 0	$ 228,043
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)			$ (See Schedule 1)	$ 0
8.	SUBTOTAL			$ 0	$ 228,043 (To Schedule 2)
9.	Medi-Cal Deductible (Adj)			$ 0	$ 0
10.	Medi-Cal Coinsurance (Adj 10)			$ 0	$ 1,556
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients			$ 0	$ 229,599 (To Schedule 1)

STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj's 4 & 5)	27,460	55,667
2. Inpatient Days (include private, exclude swing-bed)	27,460	55,667
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj's 4 & 5)	27,460	55,667
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)		0
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)	$ 37,367,083	$ 35,954,257
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)	$ 37,367,083	$ 35,954,257
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	$ 30,977,225	$ 69,469,575
29. Private Room Charges (excluding swing-bed charges)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	$ 30,247,525	$ 64,105,375
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 1.206276	$ 0.517554
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)	$ 1,101.51	$ 1,151.59
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)	$ 37,367,083	$ 35,954,257
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 1,360.78	$ 645.88
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 0	$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	$ 0	$ 210,912
41. Cost Applicable to Medi-Cal (Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	$ 0	$ 210,912

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
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
5. Cost Applicable to Medi-Cal	$ 0	$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	$ 5,971,861	$ 5,746,065
7. Total Inpatient Days (Adj)	2,516	2,516
8. Average Per Diem Cost	$ 2,373.55	$ 2,283.81
9. Medi-Cal Inpatient Days (Adj)		0
10. Cost Applicable to Medi-Cal	$ 0	$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	$ 5,420,807	$ 5,215,848
12. Total Inpatient Days (Adj)	2,480	2,480
13. Average Per Diem Cost	$ 2,185.81	$ 2,103.16
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
BURN INTENSIVE CARE UNIT		
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
SURGICAL INTENSIVE CARE UNIT		
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
OTHER SPECIAL CARE (SPECIFY)		
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
ADMINISTRATIVE DAYS		
21. Per Diem Rate (Adj 7)	$ 0.00	$ 409.48
32. Medi-Cal Inpatient Days (Adj 7)	0	176
33. Cost Applicable to Medi-Cal	$ 0	$ 72,068
ADMINISTRATIVE DAYS		
21. Per Diem Rate (Adj 7)	$ 0.00	$ 416.95
32. Medi-Cal Inpatient Days (Adj 7)	0	333
33. Cost Applicable to Medi-Cal	$ 0	$ 138,844
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	$ 0	$ 210,912

(To Schedule 4)

STATE OF CALIFORNIA

SCHEDULE 4B
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

	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
25.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
26.	Total Inpatient Days (Adj)	0	0
28.	Average Per Diem Cost	$ 0.00	$ 0.00
29.	Medi-Cal Inpatient Days (Adj)	0	0
30.	Cost Applicable to Medi-Cal	$ 0	$ 0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 0	$ 0

(To Schedule 4)

STATE OF CALIFORNIA

SCHEDULE 5
PROGRAM: NONCONTRACT

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 7,615,280	$ 23,342,583	0.326240	$ 0	$ 0
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	875,580	7,799,421	0.112262	0	0
54.00	Radiology-Diagnostic	3,089,867	7,200,823	0.429099	2,794	1,199
55.00	Radiology-Therapeutic	788,050	4,990,950	0.157896	0	0
56.00	Radioisotope	938,977	2,410,010	0.389615	242	94
57.00	Computed Tomography (CT) Scan	816,466	20,584,257	0.039665	0	0
57.01	Ultrasound	270,473	2,460,619	0.109921	2,614	287
58.00	Magnetic Resonance Imaging (MRI)	406,361	3,247,384	0.125135	518	65
59.00	Cardiac Catheterization	1,987,626	17,540,803	0.113314	0	0
60.00	Laboratory	6,493,276	96,506,244	0.067283	67,560	4,546
62.00	Whole Blood & Packed Red Blood Cells	19,934	2,156,341	0.009244	0	0
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	3,057,312	39,245,093	0.077903	0	0
66.00	Physical Therapy	2,633,436	3,965,909	0.664018	1,890	1,255
67.00	Occupational Therapy	1,201,398	2,655,017	0.452501	762	345
68.00	Speech Pathology	549,075	767,131	0.715751	24	17
69.00	Electrocardiology	530,257	11,948,566	0.044378	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	10,960,318	30,412,927	0.360384	0	0
72.00	Implantable Devices Charged to Patients	3,797,190	13,754,710	0.276065	0	0
73.00	Drugs Charged to Patients	10,354,652	107,239,531	0.096556	96,553	9,323
74.00	Renal Dialysis	1,383,653	4,836,481	0.286087	0	0
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	1,931,238	4,307,721	0.448320	0	0
91.00	Emergency	6,877,589	21,392,096	0.321501	0	0
92.00	Observation Beds	0	0	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
	TOTAL	$ 66,578,010	$ 428,764,617		$ 172,955	$ 17,131

(To Schedule 3)

* From Schedule 8, Column 26

STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: NONCONTRACT

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
50.00	Operating Room	$	$	$ 0
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic		2,794	2,794
55.00	Radiology-Therapeutic			0
56.00	Radioisotope		242	242
57.00	Computed Tomography (CT) Scan			0
57.01	Ultrasound		2,614	2,614
58.00	Magnetic Resonance Imaging (MRI)		518	518
59.00	Cardiac Catheterization			0
60.00	Laboratory		67,560	67,560
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy		1,890	1,890
67.00	Occupational Therapy		762	762
68.00	Speech Pathology		24	24
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients			0
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients		96,553	96,553
74.00	Renal Dialysis			0
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			0
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		$ 0	$ 172,955	$ 172,955

(To Schedule 5)

STATE OF CALIFORNIA

SCHEDULE 7
PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000		0
55.00	Radioisotope	0	0	0.000000		0
60.00	Laboratory	0	0	0.000000		0
69.00	Electrocardiology	0	0	0.000000		0
70.00	Electroencephalography	0	0	0.000000		0
91.00	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
		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)

STATE OF CALIFORNIA

SCHEDULE 1-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

			REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-1)		$ 8,008,233	$ 0
2.	Excess Reasonable Cost Over Charges (Schedule 2-1)		$ 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)		$ 8,008,233	$ 0
6.	Interim Payments (Adj 18)		$ 4,967,977	$ 0
7.	Balance Due Provider (State)		$ 12,976,210	$ 0
8.	Duplicate Payments (Adj)		$ 0	$ 0
9.	$	$	0	0
10.	$	$	0	0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State	$	$ 12,976,210	0

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2-1
PROGRAM: PSYCHIATRIC

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

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3-1)	$ 8,008,233	$ 0
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj)	$ 0	$ 0
3. Inpatient Ancillary Service Charges (Adj 17)	$ 8,051,423	$ 0
4. Total Charges - Medi-Cal Inpatient Services	$ 8,051,423	$ 0
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 43,190	$ 0
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
		(To Schedule 1-1)

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

STATE OF CALIFORNIA

SCHEDULE 3-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

				REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5-1)		$	917,894	$ 0
2.	Medi-Cal Inpatient Routine Services (Schedule 4-1)		$	7,090,339	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)		$	0	$ 0
4.	$	$		0	0
5.	$	$		0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)		$	8,008,233	$ 0
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-1)		$	(See Sch 1-1)	$ 0
8.	SUBTOTAL		$	8,008,233	$ 0
				(To Schedule 2-1)	
9.	Coinsurance (Adj)		$	0	$ 0
10.	Patient and Third Party Liability (Adj)		$	0	$ 0
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$	$	8,008,233	0
				(To Schedule 1-1)	

STATE OF CALIFORNIA

SCHEDULE 4-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 4)	23,794	0
2. Inpatient Days (include private, exclude swing-bed)	23,794	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 4)	23,794	0
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 15)	9,499	0
SWING-BED ADJUSTMENT		
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	$ 0.00	$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	$ 0.00	$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	$ 0.00	$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	$ 0.00	$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 30, Col 27)	$ 17,760,669	$ 0
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)	$ 17,760,669	$ 0
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 6)	$ 38,492,350	$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	$	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 6)	$ 33,857,850	$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.461408	$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	$ 0.00	$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	$ 1,422.96	$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	$ 0.00	$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	$ 0.00	$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	$ 0	$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	$ 17,760,669	$ 0
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 746.43	$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 7,090,339	$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-1)	$ 0	$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-1	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40&41)	$ 7,090,339	$ 0

(To Schedule 3-1)

STATE OF CALIFORNIA

SCHEDULE 4A-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	$ 5,971,861	$ 0
7. Total Inpatient Days (Adj)	2,516	2,516
3. Average Per Diem Cost	$ 2,373.55	$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	$ 0	$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	$ 5,420,807	$ 5,746,065
12. Total Inpatient Days (Adj)	2,480	2,480
8. Average Per Diem Cost	$ 2,185.81	$ 2,316.96
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	$ 0	$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	$ 0	$ 0
17. 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
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	$ 0	$ 0
22. 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	$ 0	$ 0
27. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	$ 0.00	$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	$ 0.00	$ 0.00
30. Medi-Cal Inpatient Days (Adj	0	0
31. Cost Applicable to Medi-Cal	$ 0	$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	$ 0	$ 0

(To Schedule 4-1)

STATE OF CALIFORNIA

SCHEDULE 4B-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

	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
25.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)		$ 0	$	0
26.	Total Inpatient Days (Adj)		0		0
28.	Average Per Diem Cost		$ 0.00	$	0.00
29.	Medi-Cal Inpatient Days (Adj)		0		0
30.	Cost Applicable to Medi-Cal		$ 0	$	0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30	$	$ 0		0

(To Schedule 4-1)

STATE OF CALIFORNIA

SCHEDULE 5-1
PROGRAM: PSYCHIATRIC

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-1)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 7,615,280	$ 23,342,583	0.326240	$ 0	$ 0
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	875,580	7,799,421	0.112262	0	0
54.00	Radiology-Diagnostic	3,089,867	7,200,823	0.429099	0	0
55.00	Radiology-Therapeutic	788,050	4,990,950	0.157896	0	0
56.00	Radioisotope	938,977	2,410,010	0.389615	0	0
57.00	Computed Tomography (CT) Scan	816,466	20,584,257	0.039665	0	0
57.01	Ultrasound	270,473	2,460,619	0.109921	0	0
58.00	Magnetic Resonance Imaging (MRI)	406,361	3,247,384	0.125135	0	0
59.00	Cardiac Catheterization	1,987,626	17,540,803	0.113314	0	0
60.00	Laboratory	6,493,276	96,506,244	0.067283	0	0
62.00	Whole Blood & Packed Red Blood Cells	19,934	2,156,341	0.009244	0	0
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	3,057,312	39,245,093	0.077903	0	0
66.00	Physical Therapy	2,633,436	3,965,909	0.664018	0	0
67.00	Occupational Therapy	1,201,398	2,655,017	0.452501	0	0
68.00	Speech Pathology	549,075	767,131	0.715751	0	0
69.00	Electrocardiology	530,257	11,948,566	0.044378	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	10,960,318	30,412,927	0.360384	0	0
72.00	Implantable Devices Charged to Patients	3,797,190	13,754,710	0.276065	0	0
73.00	Drugs Charged to Patients	10,354,652	107,239,531	0.096556	0	0
74.00	Renal Dialysis	1,383,653	4,836,481	0.286087	0	0
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	1,931,238	4,307,721	0.448320	0	0
91.00	Emergency	6,877,589	21,392,096	0.321501	0	0
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0

STATE OF CALIFORNIA

SCHEDULE 6-1
PROGRAM: PSYCHIATRIC

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 16)	AUDITED
50.00	Operating Room	$	$	$ 0
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	82,495	(82,495)	0
55.00	Radiology-Therapeutic	23,762	(23,762)	0
56.00	Radioisotope	13,515	(13,515)	0
57.00	Computed Tomography (CT) Scan	124,598	(124,598)	0
57.01	Ultrasound	23,089	(23,089)	0
58.00	Magnetic Resonance Imaging (MRI)	19,100	(19,100)	0
59.00	Cardiac Catheterization			0
60.00	Laboratory	2,870,109	(2,870,109)	0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	162,520	(162,520)	0
66.00	Physical Therapy	31,497	(31,497)	0
67.00	Occupational Therapy	11,580	(11,580)	0
68.00	Speech Pathology			0
69.00	Electrocardiology	115,910	(115,910)	0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	12,645	(12,645)	0
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	3,894,064	(3,894,064)	0
74.00	Renal Dialysis	85,014	(85,014)	0
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	581,525	(581,525)	0
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0

STATE OF CALIFORNIA

SCHEDULE 7-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000		0
55.00	Radioisotope	0	0	0.000000		0
60.00	Laboratory	0	0	0.000000		0
69.00	Electrocardiology	0	0	0.000000		0
70.00	Electroencephalography	0	0	0.000000		0
91.00	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
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		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3-1)

STATE OF CALIFORNIA

SCHEDULE 1-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

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

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2-2
PROGRAM: REHABILITATION

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

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3-2)	$ 0	$ 0
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj)	$ 0	$ 0
3. Inpatient Ancillary Service Charges (Adj)	$ 0	$ 0
4. Total Charges - Medi-Cal Inpatient Services	$ 0	$ 0
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 0	$ 0
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
	(To Schedule 1-2)	

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

STATE OF CALIFORNIA

SCHEDULE 3-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

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

STATE OF CALIFORNIA

SCHEDULE 4-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 5)	4,413	0
2. Inpatient Days (include private, exclude swing-bed)	4,413	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 5)	4,413	0
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0
SWING-BED ADJUSTMENT		
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	$ 0.00	$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	$ 0.00	$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	$ 0.00	$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	$ 0.00	$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 31, Col 27)	$ 0	$ 0
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)	$ 0	$ 0
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	$ 0	$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.000000	$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	$ 0.00	$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	$ 0.00	$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	$ 0.00	$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	$ 0.00	$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	$ 0	$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	$ 0	$ 0
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 0.00	$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 0	$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-2)	$ 0	$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-2	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	$ 0	$ 0
	(To Schedule 3-2)	

STATE OF CALIFORNIA

SCHEDULE 4A-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	$ 5,971,861	$ 5,746,065
7. Total Inpatient Days (Adj)	2,516	2,516
3. Average Per Diem Cost	$ 2,373.55	$ 2,283.81
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	$ 0	$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	$ 5,420,807	$ 5,215,848
12. Total Inpatient Days (Adj)	2,480	2,480
8. Average Per Diem Cost	$ 2,185.81	$ 2,103.16
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	$ 0	$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	$ 0	$ 0
17. 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
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	$ 0	$ 0
22. 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	$ 0	$ 0
27. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj	$ 0.00	$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	$ 0.00	$ 0.00
30. Medi-Cal Inpatient Days (Adj	0	0
31. Cost Applicable to Medi-Cal	$ 0	$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	$ 0	$ 0

(To Schedule 4-2)

STATE OF CALIFORNIA

SCHEDULE 4B-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

	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
25.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)		$ 0	$	0
26.	Total Inpatient Days (Adj)		0		0
28.	Average Per Diem Cost		$ 0.00	$	0.00
29.	Medi-Cal Inpatient Days (Adj)		0		0
30.	Cost Applicable to Medi-Cal		$ 0	$	0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30	$	$ 0		0

(To Schedule 4-2)

STATE OF CALIFORNIA

SCHEDULE 5-2
PROGRAM: REHABILITATION

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-2)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 7,615,280	$ 23,342,583	0.326240	$ 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	875,580	7,799,421	0.112262	0	0
55.00	Radiology-Therapeutic	3,089,867	7,200,823	0.429099	0	0
56.00	Radioisotope	788,050	4,990,950	0.157896	0	0
57.00	Computed Tomography (CT) Scan	938,977	2,410,010	0.389615	0	0
57.01	Ultrasound	816,466	20,584,257	0.039665	0	0
58.00	Magnetic Resonance Imaging (MRI)	270,473	2,460,619	0.109921	0	0
59.00	Cardiac Catheterization	406,361	3,247,384	0.125135	0	0
60.00	Laboratory	1,987,626	17,540,803	0.113314	0	0
62.00	Whole Blood & Packed Red Blood Cells	6,493,276	96,506,244	0.067283	0	0
63.00	Blood Storing, Processing, & Trans.	19,934	2,156,341	0.009244	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	0	0	0.000000	0	0
66.00	Physical Therapy	3,057,312	39,245,093	0.077903	0	0
67.00	Occupational Therapy	2,633,436	3,965,909	0.664018	0	0
68.00	Speech Pathology	1,201,398	2,655,017	0.452501	0	0
69.00	Electrocardiology	549,075	767,131	0.715751	0	0
70.00	Electroencephalography	530,257	11,948,566	0.044378	0	0
71.00	Medical Supplies Charged to Patients	0	0	0.000000	0	0
72.00	Implantable Devices Charged to Patients	10,960,318	30,412,927	0.360384	0	0
73.00	Drugs Charged to Patients	3,797,190	13,754,710	0.276065	0	0
74.00	Renal Dialysis	10,354,652	107,239,531	0.096556	0	0
75.00	ASC (Non-Distinct Part)	1,383,653	4,836,481	0.286087	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	1,931,238	4,307,721	0.448320	0	0
92.00	Observation Beds	6,877,589	21,392,096	0.321501	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

STATE OF CALIFORNIA

SCHEDULE 6-2
PROGRAM: REHABILITATION

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj)	AUDITED
50.00	Operating Room	$	$	$ 0
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic			0
55.00	Radiology-Therapeutic			0
56.00	Radioisotope			0
57.00	Computed Tomography (CT) Scan			0
57.01	Ultrasound			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy			0
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients			0
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients			0
74.00	Renal Dialysis			0
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			0
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0

STATE OF CALIFORNIA

SCHEDULE 7-2
PROGRAM: REHABILITATION

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1881788891

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000		0
55.00	Radioisotope	0	0	0.000000		0
60.00	Laboratory	0	0	0.000000		0
69.00	Electrocardiology	0	0	0.000000		0
70.00	Electroencephalography	0	0	0.000000		0
91.00	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
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3-2)

STATE OF CALIFORNIA **CONTRACT SCH 1**

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

			REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		$ 15,015,848	$ 9,392,214
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)		$ 15,015,848	$ 9,392,214
6.	$	$	0	0
7.		$	$ 0	0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)		$ 15,015,848 (To Summary of Findings)	$ 9,392,214
9.	Medi-Cal Overpayments (Adj)		$ 0	$ 0
10.	Medi-Cal Credit Balances (Adj 19)		$ 0	$ (11,479)
11.		$	$ 0	0
12.		$	$ 0	0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		$ 0 (To Summary of Findings)	$ (11,479)

STATE OF CALIFORNIA | CONTRACT SCH 2

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

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	$ 15,015,848	$ 9,589,523
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 13)	$ 18,375,529	$ 15,365,195
3. Inpatient Ancillary Service Charges (Adj 13)	$ 48,676,573	$ 41,293,917
4. Total Charges - Medi-Cal Inpatient Services	$ 67,052,102	$ 56,659,112
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 52,036,254	$ 47,069,589
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
	(To Contract Sch 1)	

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

STATE OF CALIFORNIA | CONTRACT SCH 3

COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

		REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	$ 6,325,756	$ 5,733,284
2.	Medi-Cal Inpatient Routine Services (Contract Sch 4)	$ 8,690,092	$ 3,856,239
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	$ 0	$ 0
4.	Medical and Other Services	$	$ 0
5.	$ $	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)	$ 15,015,848	$ 9,589,523
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	$ (See Contract Sch 1)	$ 0
8.	SUBTOTAL	$ 15,015,848 (To Contract Sch 2)	$ 9,589,523
9.	Medi-Cal Deductible (Adj 14)	$ 0	$ (8,347)
10.	Medi-Cal Coinsurance (Adj 14)	$ 0	$ (188,962)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$ 15,015,848 (To Contract Sch 1)	$ 9,392,214

STATE OF CALIFORNIA | CONTRACT SCH 4

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj's 4 & 5)	27,460	55,667
2. Inpatient Days (include private, exclude swing-bed)	27,460	55,667
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj's 4 & 5)	27,460	55,667
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 11)	5,090	3,170
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)	$ 37,367,083	$ 35,954,257
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)	$ 37,367,083	$ 35,954,257
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 6)	$ 30,977,225	$ 69,469,575
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 6)	$ 30,247,525	$ 64,105,375
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 1.206276	$ 0.517554
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)	$ 1,101.51	$ 1,151.59
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)	$ 37,367,083	$ 35,954,257
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 1,360.78	$ 645.88
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 6,926,370	$ 2,047,440
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	$ 1,763,722	$ 1,808,799
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	$ 8,690,092	$ 3,856,239
	(To Contract Sch 3)	

STATE OF CALIFORNIA | CONTRACT SCH 4A

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
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
5. Cost Applicable to Medi-Cal	$ 0	$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	$ 5,971,861	$ 5,746,065
7. Total Inpatient Days (Adj)	2,516	2,516
8. Average Per Diem Cost	$ 2,373.55	$ 2,283.81
9. Medi-Cal Inpatient Days (Adj 11)	383	373
10. Cost Applicable to Medi-Cal	$ 909,070	$ 851,861
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	$ 5,420,807	$ 5,215,848
12. Total Inpatient Days (Adj)	2,480	2,480
13. Average Per Diem Cost	$ 2,185.81	$ 2,103.16
14. Medi-Cal Inpatient Days (Adj 11)	391	455
15. Cost Applicable to Medi-Cal	$ 854,652	$ 956,938
BURN INTENSIVE CARE UNIT		
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
SURGICAL INTENSIVE CARE UNIT		
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
25. Cost Applicable to Medi-Cal	$ 0	$ 0
OTHER SPECIAL CARE (SPECIFY)		
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)	$ 1,763,722	$ 1,808,799

(To Contract Sch 4)

STATE OF CALIFORNIA | CONTRACT SCH 4B

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

	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
25.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
26.	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)

STATE OF CALIFORNIA

CONTRACT SCH 5

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 7,615,280	$ 23,342,583	0.326240	$ 1,669,259	$ 544,579
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	875,580	7,799,421	0.112262	466,357	52,354
54.00	Radiology-Diagnostic	3,089,867	7,200,823	0.429099	307,830	132,090
55.00	Radiology-Therapeutic	788,050	4,990,950	0.157896	320,395	50,589
56.00	Radioisotope	938,977	2,410,010	0.389615	159,702	62,222
57.00	Computed Tomography (CT) Scan	816,466	20,584,257	0.039665	1,644,877	65,243
57.01	Ultrasound	270,473	2,460,619	0.109921	370,309	40,705
58.00	Magnetic Resonance Imaging (MRI)	406,361	3,247,384	0.125135	168,640	21,103
59.00	Cardiac Catheterization	1,987,626	17,540,803	0.113314	1,075,180	121,833
60.00	Laboratory	6,493,276	96,506,244	0.067283	9,548,525	642,458
62.00	Whole Blood & Packed Red Blood Cells	19,934	2,156,341	0.009244	392,653	3,630
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	3,057,312	39,245,093	0.077903	5,217,067	406,425
66.00	Physical Therapy	2,633,436	3,965,909	0.664018	176,956	117,502
67.00	Occupational Therapy	1,201,398	2,655,017	0.452501	63,317	28,651
68.00	Speech Pathology	549,075	767,131	0.715751	40,671	29,110
69.00	Electrocardiology	530,257	11,948,566	0.044378	461,530	20,482
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	10,960,318	30,412,927	0.360384	4,222,249	1,521,629
72.00	Implantable Devices Charged to Patients	3,797,190	13,754,710	0.276065	0	0
73.00	Drugs Charged to Patients	10,354,652	107,239,531	0.096556	12,975,610	1,252,877
74.00	Renal Dialysis	1,383,653	4,836,481	0.286087	771,211	220,633
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	1,931,238	4,307,721	0.448320	0	0
91.00	Emergency	6,877,589	21,392,096	0.321501	1,241,579	399,169
92.00	Observation Beds	0	0	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
	TOTAL	$ 66,578,010	$ 428,764,617		$ 41,293,917	$ 5,733,284

(To Contract Sch 3)

* From Schedule 8, Column 26

STATE OF CALIFORNIA CONTRACT SCH 6

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 12)	AUDITED
50.00	Operating Room	$ 1,964,112	$ (294,853)	$ 1,669,259
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology	638,480	(172,123)	466,357
54.00	Radiology-Diagnostic	662,674	(354,844)	307,830
55.00	Radiology-Therapeutic	683,251	(362,856)	320,395
56.00	Radioisotope	352,271	(192,569)	159,702
57.00	Computed Tomography (CT) Scan	2,353,320	(708,443)	1,644,877
57.01	Ultrasound	403,641	(33,332)	370,309
58.00	Magnetic Resonance Imaging (MRI)	282,440	(113,800)	168,640
59.00	Cardiac Catheterization	925,446	149,734	1,075,180
60.00	Laboratory	12,128,830	(2,580,305)	9,548,525
62.00	Whole Blood & Packed Red Blood Cells	438,896	(46,243)	392,653
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	5,103,597	113,470	5,217,067
66.00	Physical Therapy	235,424	(58,468)	176,956
67.00	Occupational Therapy	107,262	(43,945)	63,317
68.00	Speech Pathology	52,641	(11,970)	40,671
69.00	Electrocardiology	1,734,629	(1,273,099)	461,530
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	1,830,397	2,391,852	4,222,249
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	16,148,711	(3,173,101)	12,975,610
74.00	Renal Dialysis	992,892	(221,681)	771,211
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	328	(328)	0
91.00	Emergency	1,637,331	(395,752)	1,241,579
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		$ 48,676,573	$ (7,382,656)	$ 41,293,917

(To Contract Sch 5)

STATE OF CALIFORNIA

CONTRACT SCH 7

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1205925054

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000		0
55.00	Radioisotope	0	0	0.000000		0
60.00	Laboratory	0	0	0.000000		0
69.00	Electrocardiology	0	0	0.000000		0
70.00	Electroencephalography	0	0	0.000000		0
91.00	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
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Contract Sch 3)

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	ALLOC COST 3.01	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs-Buildings and Fixture	251,347											
2.00	Capital Related Costs-Movable Equipment	1,300,117	0										
3.00	Other Capital Related Costs	0	0	0									
3.01		0	0	0	0								
3.02		0	0	0	0	0							
3.03		0	0	0	0	0	0						
3.04		0	0	0	0	0	0	0					
3.05		0	0	0	0	0	0	0	0				
3.06		0	0	0	0	0	0	0	0	0			
3.07		0	0	0	0	0	0	0	0	0	0		
3.08		0	0	0	0	0	0	0	0	0	0	0	
3.09		0	0	0	0	0	0	0	0	0	0	0	0
4.00	Employee Benefits	6,358,386	1,429	7,392	0	0	0	0	0	0	0	0	0
5.01		0	0	0	0	0	0	0	0	0	0	0	0
5.02		0	0	0	0	0	0	0	0	0	0	0	0
5.03		0	0	0	0	0	0	0	0	0	0	0	0
5.04		0	0	0	0	0	0	0	0	0	0	0	0
5.05		0	0	0	0	0	0	0	0	0	0	0	0
5.06		0	0	0	0	0	0	0	0	0	0	0	0
5.07		0	0	0	0	0	0	0	0	0	0	0	0
5.08		0	0	0	0	0	0	0	0	0	0	0	0
5.00	Administrative and General	53,015,253	40,132	207,588	0	0	0	0	0	0	0	0	0
6.00	Maintenance and Repairs	1,496,394	17,071	88,303	0	0	0	0	0	0	0	0	0
7.00	Operation of Plant	1,263,218	3,174	16,416	0	0	0	0	0	0	0	0	0
8.00	Laundry and Linen Service	528,686	2,919	15,098	0	0	0	0	0	0	0	0	0
9.00	Housekeeping	1,555,164	557	2,880	0	0	0	0	0	0	0	0	0
10.00	Dietary	1,546,093	5,084	26,300	0	0	0	0	0	0	0	0	0
11.00	Cafeteria	592,854	4,069	21,046	0	0	0	0	0	0	0	0	0
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Nursing Administration	1,923,867	9,550	49,397	0	0	0	0	0	0	0	0	0
14.00	Central Services and Supply	626,657	3,695	19,113	0	0	0	0	0	0	0	0	0
15.00	Pharmacy	2,364,450	2,632	13,615	0	0	0	0	0	0	0	0	0
16.00	Medical Records & Library	1,427,161	3,973	20,553	0	0	0	0	0	0	0	0	0
17.00	Social Service	228,896	0	0	0	0	0	0	0	0	0	0	0
18.00	Other General Service (specify)	0	0	0	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	14,633,341	57,193	295,834	0	0	0	0	0	0	0	0	0
31.00	Intensive Care Unit	2,615,422	3,881	20,073	0	0	0	0	0	0	0	0	0
32.00	Coronary Care Unit	2,316,819	3,712	19,200	0	0	0	0	0	0	0	0	0
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Other Special Care (specify)	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Subprovider - IPF	6,806,308	17,906	92,619	0	0	0	0	0	0	0	0	0
41.00	Subprovider - IRF	0	0	0	0	0	0	0	0	0	0	0	0
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Skilled Nursing Facility	291,111	6,694	34,626	0	0	0	0	0	0	0	0	0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0
47.00		0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	ALLOC COST 3.01	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
	ANCILLARY COST CENTERS												
50.00	Operating Room	3,230,998	21,156	109,432	0	0	0	0	0	0	0	0	0
51.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Labor Room and Delivery Room	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Anesthesiology	497,397	0	0	0	0	0	0	0	0	0	0	0
54.00	Radiology-Diagnostic	1,597,411	1,848	9,556	0	0	0	0	0	0	0	0	0
55.00	Radiology-Therapeutic	321,570	3,007	15,556	0	0	0	0	0	0	0	0	0
56.00	Radioisotope	482,031	1,388	7,178	0	0	0	0	0	0	0	0	0
57.00	Computed Tomography (CT) Scan	386,820	714	3,692	0	0	0	0	0	0	0	0	0
57.01	Ultrasound	118,172	135	698	0	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	147,689	2,495	12,903	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	972,585	0	0	0	0	0	0	0	0	0	0	0
60.00	Laboratory	2,910,800	15,040	77,795	0	0	0	0	0	0	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	2,938	189	977	0	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	1,455,448	2,805	14,509	0	0	0	0	0	0	0	0	0
66.00	Physical Therapy	1,249,403	4,336	22,429	0	0	0	0	0	0	0	0	0
67.00	Occupational Therapy	581,061	1,514	7,833	0	0	0	0	0	0	0	0	0
68.00	Speech Pathology	270,464	515	2,662	0	0	0	0	0	0	0	0	0
69.00	Electrocardiology	256,157	540	2,793	0	0	0	0	0	0	0	0	0
70.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	5,982,264	0	0	0	0	0	0	0	0	0	0	0
72.00	Implantable Devices Charged to Patients	1,890,607	0	0	0	0	0	0	0	0	0	0	0
73.00	Drugs Charged to Patients	3,225,221	0	0	0	0	0	0	0	0	0	0	0
74.00	Renal Dialysis	680,265	4,193	21,687	0	0	0	0	0	0	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00	Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
77.00		0	0	0	0	0	0	0	0	0	0	0	0
78.00		0	0	0	0	0	0	0	0	0	0	0	0
79.00		0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	946,668	3,332	17,236	0	0	0	0	0	0	0	0	0
91.00	Emergency	3,240,365	4,471	23,127	0	0	0	0	0	0	0	0	0
92.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01		0	0	0	0	0	0	0	0	0	0	0	0
93.02		0	0	0	0	0	0	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	ALLOC COST 3.01	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
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
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00	Other Special Purpose (specify)	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	0	0
191.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00	Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01		0	0	0	0	0	0	0	0	0	0	0	0
193.02		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
	TOTAL	131,587,878	251,347	1,300,117	0	0	0	0	0	0	0	0	0

Provider Name:
BROTMAN MEDICAL CENTER

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
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs-Buildings and Fixture												
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	0											
5.01		0	0										
5.02		0	0	0									
5.03		0	0	0	0								
5.04		0	0	0	0	0							
5.05		0	0	0	0	0	0						
5.06		0	0	0	0	0	0	0					
5.07		0	0	0	0	0	0	0	0				
5.08		0	0	0	0	0	0	0	0	0			
5.00	Administrative and General	0	835,777	0	0	0	0	0	0	0	0	54,098,750	
6.00	Maintenance and Repairs	0	121,994	0	0	0	0	0	0	0	0	1,723,762	1,203,438
7.00	Operation of Plant	0	0	0	0	0	0	0	0	0	0	1,282,808	895,588
8.00	Laundry and Linen Service	0	0	0	0	0	0	0	0	0	0	546,703	381,679
9.00	Housekeeping	0	0	0	0	0	0	0	0	0	0	1,558,601	1,088,131
10.00	Dietary	0	0	0	0	0	0	0	0	0	0	1,577,477	1,101,310
11.00	Cafeteria	0	0	0	0	0	0	0	0	0	0	617,969	431,433
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Nursing Administration	0	222,794	0	0	0	0	0	0	0	0	2,205,607	1,539,837
14.00	Central Services and Supply	0	28,795	0	0	0	0	0	0	0	0	678,260	473,525
15.00	Pharmacy	0	241,947	0	0	0	0	0	0	0	0	2,622,644	1,830,989
16.00	Medical Records & Library	0	98,187	0	0	0	0	0	0	0	0	1,549,874	1,082,039
17.00	Social Service	0	27,412	0	0	0	0	0	0	0	0	256,308	178,941
18.00	Other General Service (specify)	0	0	0	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	0	1,640,349	0	0	0	0	0	0	0	0	16,626,717	11,607,881
31.00	Intensive Care Unit	0	257,292	0	0	0	0	0	0	0	0	2,896,667	2,022,297
32.00	Coronary Care Unit	0	246,290	0	0	0	0	0	0	0	0	2,586,021	1,805,421
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Other Special Care (specify)	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Subprovider - IPF	0	761,257	0	0	0	0	0	0	0	0	7,678,089	5,360,430
41.00	Subprovider - IRF	0	0	0	0	0	0	0	0	0	0	0	0
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Skilled Nursing Facility	0	32,536	0	0	0	0	0	0	0	0	364,967	254,800
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0
47.00		0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
BROTMAN MEDICAL CENTER

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
	ANCILLARY COST CENTERS												
50.00	Operating Room	0	333,729	0	0	0	0	0	0	0	0	3,695,315	2,579,871
51.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Labor Room and Delivery Room	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Anesthesiology	0	6,357	0	0	0	0	0	0	0	0	503,754	351,694
54.00	Radiology-Diagnostic	0	136,811	0	0	0	0	0	0	0	0	1,745,626	1,218,703
55.00	Radiology-Therapeutic	0	38,713	0	0	0	0	0	0	0	0	378,847	264,490
56.00	Radioisotope	0	22,286	0	0	0	0	0	0	0	0	512,883	358,067
57.00	Computed Tomography (CT) Scan	0	38,122	0	0	0	0	0	0	0	0	429,347	299,747
57.01	Ultrasound	0	29,596	0	0	0	0	0	0	0	0	148,601	103,745
58.00	Magnetic Resonance Imaging (MRI)	0	9,749	0	0	0	0	0	0	0	0	172,836	120,665
59.00	Cardiac Catheterization	0	110,761	0	0	0	0	0	0	0	0	1,083,346	756,334
60.00	Laboratory	0	281,294	0	0	0	0	0	0	0	0	3,284,929	2,293,361
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	4,104	2,865
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	0	167,531	0	0	0	0	0	0	0	0	1,640,293	1,145,165
66.00	Physical Therapy	0	144,540	0	0	0	0	0	0	0	0	1,420,708	991,862
67.00	Occupational Therapy	0	67,587	0	0	0	0	0	0	0	0	657,995	459,377
68.00	Speech Pathology	0	31,890	0	0	0	0	0	0	0	0	305,531	213,305
69.00	Electrocardiology	0	20,116	0	0	0	0	0	0	0	0	279,606	195,206
70.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	5,982,264	4,176,496
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,890,607	1,319,920
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,225,221	2,251,676
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	706,145	492,993
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00	Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
77.00		0	0	0	0	0	0	0	0	0	0	0	0
78.00		0	0	0	0	0	0	0	0	0	0	0	0
79.00		0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	0	73,301	0	0	0	0	0	0	0	0	1,040,538	726,448
91.00	Emergency	0	340,195	0	0	0	0	0	0	0	0	3,608,158	2,519,023
92.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01		0	0	0	0	0	0	0	0	0	0	0	0
93.02		0	0	0	0	0	0	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
BROTMAN MEDICAL CENTER

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
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00	Other Special Purpose (specify)	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	0	0
191.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00	Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01		0	0	0	0	0	0	0	0	0	0	0	0
193.02		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
	TOTAL	0	6,367,207	0	0	0	0	0	0	0	0	131,587,878	54,098,750

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.2

Provider Name:
BROTMAN MEDICAL CENTER

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
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs-Buildings and Fixture												
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	48,206											
8.00	Laundry and Linen Service	44,336	34,289										
9.00	Housekeeping	8,457	6,541	0									
10.00	Dietary	77,229	59,729	0	72,735								
11.00	Cafeteria	61,801	47,797	0	58,205	0							
12.00	Maintenance of Personnel	0	0	0	0	0	0						
13.00	Nursing Administration	145,053	112,183	0	136,612	0	50,132	0					
14.00	Central Services and Supply	56,125	43,407	0	52,859	0	6,479	0	0				
15.00	Pharmacy	39,979	30,920	0	37,653	0	54,442	0	0	0			
16.00	Medical Records & Library	60,353	46,677	0	56,841	0	22,094	0	0	0	0		
17.00	Social Service	0	0	0	0	0	6,168	0	0	0	0	1,408,939	
18.00	Other General Service (specify)	0	0	0	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	868,716	671,861	526,886	818,161	1,511,311	369,103	0	1,781,773	0	0	203,704	968,144
31.00	Intensive Care Unit	58,944	45,587	41,592	55,514	119,300	57,894	0	329,596	0	0	42,250	76,424
32.00	Coronary Care Unit	56,381	43,605	40,996	53,100	117,593	55,419	0	340,464	0	0	41,518	75,330
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Other Special Care (specify)	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Subprovider - IPF	271,974	210,344	393,334	256,147	1,128,232	171,294	0	804,227	0	0	92,302	722,744
41.00	Subprovider - IRF	0	0	0	0	0	0	0	0	0	0	0	0
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Skilled Nursing Facility	101,678	78,637	4,199	95,761	12,044	7,321	0	76,439	0	0	1,021	7,715
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0
47.00		0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
BROTMAN MEDICAL CENTER

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
	ANCILLARY COST CENTERS												
50.00	Operating Room	321,346	248,528	0	302,645	0	75,094	0	336,507	0	0	55,974	0
51.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Labor Room and Delivery Room	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Anesthesiology	0	0	0	0	0	1,430	0	0	0	0	18,702	0
54.00	Radiology-Diagnostic	28,062	21,703	0	26,429	0	30,785	0	1,292	0	0	17,267	0
55.00	Radiology-Therapeutic	45,681	35,330	0	43,023	0	8,711	0	0	0	0	11,968	0
56.00	Radioisotope	21,079	16,302	0	19,852	0	5,015	0	0	0	0	5,779	0
57.00	Computed Tomography (CT) Scan	10,841	8,384	0	10,210	0	8,578	0	0	0	0	49,359	0
57.01	Ultrasound	2,050	1,586	0	1,931	0	6,660	0	0	0	0	5,900	0
58.00	Magnetic Resonance Imaging (MRI)	37,891	29,304	0	35,686	0	2,194	0	0	0	0	7,787	0
59.00	Cardiac Catheterization	0	0	0	0	0	24,923	0	80,961	0	0	42,062	0
60.00	Laboratory	228,446	176,679	0	215,151	0	63,295	0	0	0	0	231,415	0
62.00	Whole Blood & Packed Red Blood Cells	2,870	2,220	0	2,703	0	0	0	0	0	0	5,171	0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	42,606	32,951	0	40,127	0	37,697	0	0	0	0	118,473	0
66.00	Physical Therapy	65,863	50,938	0	62,030	0	32,524	0	0	0	0	9,510	0
67.00	Occupational Therapy	23,001	17,789	0	21,662	0	15,208	0	0	0	0	6,367	0
68.00	Speech Pathology	7,816	6,045	0	7,362	0	7,176	0	0	0	0	1,840	0
69.00	Electrocardiology	8,201	6,343	0	7,724	0	4,526	0	0	0	0	28,652	0
70.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	756,771	0	44,787	0
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	553,882	0	32,780	0
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	4,616,626	261,129	0
74.00	Renal Dialysis	63,685	49,254	0	59,979	0	0	0	0	0	0	11,598	0
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00	Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
77.00		0	0	0	0	0	0	0	0	0	0	0	0
78.00		0	0	0	0	0	0	0	0	0	0	0	0
79.00		0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	50,615	39,145	0	47,669	0	16,494	0	0	0	0	10,330	0
91.00	Emergency	67,914	52,524	0	63,961	0	76,549	0	438,164	0	0	51,297	0
92.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01		0	0	0	0	0	0	0	0	0	0	0	0
93.02		0	0	0	0	0	0	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
BROTMAN MEDICAL CENTER

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
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00	Other Special Purpose (specify)	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	0	0
191.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00	Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01		0	0	0	0	0	0	0	0	0	0	0	0
193.02		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											
	TOTAL	2,927,201	2,226,601	1,007,007	2,661,730	2,888,480	1,217,204	0	4,189,424	1,310,654	4,616,626	2,817,878	1,850,356

Provider Name:
BROTMAN MEDICAL CENTER

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 STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
	GENERAL SERVICE COST CENTER											
1.00	Capital Related Costs-Buildings and Fixture											
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	0										
20.00	Nursing School	0	0									
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0								
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0							
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0						
23.01		0	0	0	0	0	0					
23.02		0	0	0	0	0	0	0				
	INPATIENT ROUTINE COST CENTERS											
30.00	Adults & Pediatrics (Gen Routine)	0	0	0	0	0	0	0	0	35,954,257		35,954,257
31.00	Intensive Care Unit	0	0	0	0	0	0	0	0	5,746,065		5,746,065
32.00	Coronary Care Unit	0	0	0	0	0	0	0	0	5,215,848		5,215,848
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0		0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0		0
35.00	Other Special Care (specify)	0	0	0	0	0	0	0	0	0		0
40.00	Subprovider - IPF	0	0	0	0	0	0	0	0	17,089,116		17,089,116
41.00	Subprovider - IRF	0	0	0	0	0	0	0	0	0		0
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0		0
43.00	Nursery	0	0	0	0	0	0	0	0	0		0
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	1,004,582		1,004,582
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0		0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0		0
47.00		0	0	0	0	0	0	0	0	0		0

Provider Name:
BROTMAN MEDICAL CENTER

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 STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
	ANCILLARY COST CENTERS											
50.00	Operating Room	0	0	0	0	0	0	0	0	7,615,280		7,615,280
51.00	Recovery Room	0	0	0	0	0	0	0	0	0		0
52.00	Labor Room and Delivery Room	0	0	0	0	0	0	0	0	0		0
53.00	Anesthesiology	0	0	0	0	0	0	0	0	875,580		875,580
54.00	Radiology-Diagnostic	0	0	0	0	0	0	0	0	3,089,867		3,089,867
55.00	Radiology-Therapeutic	0	0	0	0	0	0	0	0	788,050		788,050
56.00	Radioisotope	0	0	0	0	0	0	0	0	938,977		938,977
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	816,466		816,466
57.01	Ultrasound	0	0	0	0	0	0	0	0	270,473		270,473
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	406,361		406,361
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	1,987,626		1,987,626
60.00	Laboratory	0	0	0	0	0	0	0	0	6,493,276		6,493,276
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	19,934		19,934
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0		0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
65.00	Respiratory Therapy	0	0	0	0	0	0	0	0	3,057,312		3,057,312
66.00	Physical Therapy	0	0	0	0	0	0	0	0	2,633,436		2,633,436
67.00	Occupational Therapy	0	0	0	0	0	0	0	0	1,201,398		1,201,398
68.00	Speech Pathology	0	0	0	0	0	0	0	0	549,075		549,075
69.00	Electrocardiology	0	0	0	0	0	0	0	0	530,257		530,257
70.00	Electroencephalography	0	0	0	0	0	0	0	0	0		0
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	10,960,318		10,960,318
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	3,797,190		3,797,190
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	10,354,652		10,354,652
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	1,383,653		1,383,653
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
76.00	Other Ancillary (specify)	0	0	0	0	0	0	0	0	0		0
77.00		0	0	0	0	0	0	0	0	0		0
78.00		0	0	0	0	0	0	0	0	0		0
79.00		0	0	0	0	0	0	0	0	0		0
80.00		0	0	0	0	0	0	0	0	0		0
81.00		0	0	0	0	0	0	0	0	0		0
82.00		0	0	0	0	0	0	0	0	0		0
83.00		0	0	0	0	0	0	0	0	0		0
84.00		0	0	0	0	0	0	0	0	0		0
85.00		0	0	0	0	0	0	0	0	0		0
86.00		0	0	0	0	0	0	0	0	0		0
87.00		0	0	0	0	0	0	0	0	0		0
87.01		0	0	0	0	0	0	0	0	0		0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0		0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0		0
90.00	Clinic	0	0	0	0	0	0	0	0	1,931,238		1,931,238
91.00	Emergency	0	0	0	0	0	0	0	0	6,877,589		6,877,589
92.00	Observation Beds	0	0	0	0	0	0	0	0	0		0
93.00	Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0		0
93.01		0	0	0	0	0	0	0	0	0		0
93.02		0	0	0	0	0	0	0	0	0		0
93.03		0	0	0	0	0	0	0	0	0		0
93.04		0	0	0	0	0	0	0	0	0		0
93.05		0	0	0	0	0	0	0	0	0		0
	NONREIMBURSABLE COST CENTERS											
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0		0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0		0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0		0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0		0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0		0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0		0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0		0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0		0

Provider Name:
BROTMAN MEDICAL CENTER

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 STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
105.00	Kidney Acquisition	0	0	0	0	0	0	0	0	0		0
106.00	Heart Acquisition	0	0	0	0	0	0	0	0	0		0
107.00	Liver Acquisition	0	0	0	0	0	0	0	0	0		0
108.00	Lung Acquisition	0	0	0	0	0	0	0	0	0		0
109.00	Pancreas Acquisition	0	0	0	0	0	0	0	0	0		0
110.00	Intestinal Acquisition	0	0	0	0	0	0	0	0	0		0
111.00	Islet Acquisition	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
113.00	Interest Expense	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
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0		0
116.00	Hospice	0	0	0	0	0	0	0	0	0		0
117.00	Other Special Purpose (specify)	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
191.00	Research	0	0	0	0	0	0	0	0	0		0
192.00	Physicians' Private Offices	0	0	0	0	0	0	0	0	0		0
193.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
193.01		0	0	0	0	0	0	0	0	0		0
193.02		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
	TOTAL	0	0	0	0	0	0	0	0	131,587,878	0	131,587,878

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		CAP REL BLDG & FIX (SQ FT) 1.00 (Adj) (Adj)	CAP REL MOV EQUIP (SQ FT) 2.00 (Adj) (Adj)	OTHER CAP REL (SQ FT) 3.00 (Adj) (Adj)	STAT 3.01 (Adj) (Adj)	STAT 3.02 (Adj) (Adj)	STAT 3.03 (Adj) (Adj)	STAT 3.04 (Adj) (Adj)	STAT 3.05 (Adj) (Adj)	STAT 3.06 (Adj) (Adj)	STAT 3.07 (Adj) (Adj)	STAT 3.08 (Adj) (Adj)	STAT 3.09 (Adj) (Adj)
	GENERAL SERVICE COST CENTERS												
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	1,694	1,694										
5.01													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General	47,572	47,572										
6.00	Maintenance and Repairs	20,236	20,236										
7.00	Operation of Plant	3,762	3,762										
8.00	Laundry and Linen Service	3,460	3,460										
9.00	Housekeeping	660	660										
10.00	Dietary	6,027	6,027										
11.00	Cafeteria	4,823	4,823										
12.00	Maintenance of Personnel												
13.00	Nursing Administration	11,320	11,320										
14.00	Central Services and Supply	4,380	4,380										
15.00	Pharmacy	3,120	3,120										
16.00	Medical Records & Library	4,710	4,710										
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													
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	67,795	67,795										
31.00	Intensive Care Unit	4,600	4,600										
32.00	Coronary Care Unit	4,400	4,400										
33.00	Burn Intensive Care Unit												
34.00	Surgical Intensive Care Unit												
35.00	Other Special Care (specify)												
40.00	Subprovider - IPF	21,225	21,225										
41.00	Subprovider - IRF												
42.00	Subprovider (specify)												
43.00	Nursery												
44.00	Skilled Nursing Facility	7,935	7,935										
45.00	Nursing Facility												
46.00	Other Long Term Care												
47.00													

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		CAP REL BLDG & FIX (SQ FT)	CAP REL MOV EQUIP (SQ FT)	OTHER CAP REL (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
		1.00	2.00	3.00	3.01	3.02	3.03	3.04	3.05	3.06	3.07	3.08	3.09
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	ANCILLARY COST CENTERS												
50.00	Operating Room	25,078	25,078										
51.00	Recovery Room												
52.00	Labor Room and Delivery Room												
53.00	Anesthesiology												
54.00	Radiology-Diagnostic	2,190	2,190										
55.00	Radiology-Therapeutic	3,565	3,565										
56.00	Radioisotope	1,645	1,645										
57.00	Computed Tomography (CT) Scan	846	846										
57.01	Ultrasound	160	160										
58.00	Magnetic Resonance Imaging (MRI)	2,957	2,957										
59.00	Cardiac Catheterization												
60.00	Laboratory	17,828	17,828										
62.00	Whole Blood & Packed Red Blood Cells	224	224										
63.00	Blood Storing, Processing, & Trans.												
64.00	Intravenous Therapy												
65.00	Respiratory Therapy	3,325	3,325										
66.00	Physical Therapy	5,140	5,140										
67.00	Occupational Therapy	1,795	1,795										
68.00	Speech Pathology	610	610										
69.00	Electrocardiology	640	640										
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	4,970	4,970										
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	3,950	3,950										
91.00	Emergency	5,300	5,300										
92.00	Observation Beds												
93.00	Other Outpatient Services (Specify)												
93.01													
93.02													
93.03													
93.04													
93.05													
	NONREIMBURSABLE COST CENTERS												
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. tchng. prgm.)												
101.00	Home Health Agency												

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		CAP REL BLDG & FIX (SQ FT)	CAP REL MOV EQUIP (SQ FT)	OTHER CAP REL (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
		1.00	2.00	3.00	3.01	3.02	3.03	3.04	3.05	3.06	3.07	3.08	3.09
		(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												
115.00	Ambulatory Surgical Center (Distinct Part)												
116.00	Hospice												
117.00	Other Special Purpose (specify)												
190.00	Gift, Flower, Coffee Shop, & Canteen												
191.00	Research												
192.00	Physicians' Private Offices												
193.00	Nonpaid Workers												
193.01													
193.02													
193.03													
193.04													
	TOTAL	297,942	297,942	0	0	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	251,347	1,300,117	0	0	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.843611	4.363658	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	RECON-CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS
		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)
	GENERAL SERVICE COST CENTERS												
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	6,436,754											
6.00	Maintenance and Repairs	939,540										1,723,762	
7.00	Operation of Plant											1,282,808	3,762
8.00	Laundry and Linen Service											546,703	3,460
9.00	Housekeeping											1,558,601	660
10.00	Dietary											1,577,477	6,027
11.00	Cafeteria											617,969	4,823
12.00	Maintenance of Personnel											0	
13.00	Nursing Administration	1,715,851										2,205,607	11,320
14.00	Central Services and Supply	221,765										678,260	4,380
15.00	Pharmacy	1,863,358										2,622,644	3,120
16.00	Medical Records & Library	756,189										1,549,874	4,710
17.00	Social Service	211,116										256,308	
18.00	Other General Service (specify)											0	
19.00	Nonphysician Anesthetists											0	
20.00	Nursing School											0	
21.00	Intern & Res. Service-Salary & Fringes (Approved)											0	
22.00	Intern & Res. Other Program Costs (Approved)											0	
23.00	Paramedical Ed. Program (specify)											0	
23.01												0	
23.02												0	
	INPATIENT ROUTINE COST CENTERS											0	
30.00	Adults & Pediatrics (Gen Routine)	12,633,177										16,626,717	67,795
31.00	Intensive Care Unit	1,981,536										2,896,667	4,600
32.00	Coronary Care Unit	1,896,805										2,586,021	4,400
33.00	Burn Intensive Care Unit											0	
34.00	Surgical Intensive Care Unit											0	
35.00	Other Special Care (specify)											0	
40.00	Subprovider - IPF	5,862,833										7,678,089	21,225
41.00	Subprovider - IRF											0	
42.00	Subprovider (specify)											0	
43.00	Nursery											0	
44.00	Skilled Nursing Facility	250,577										364,967	7,935
45.00	Nursing Facility											0	
46.00	Other Long Term Care											0	
47.00												0	

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	RECON-CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS
		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)
	ANCILLARY COST CENTERS											0	
50.00	Operating Room	2,570,222										3,695,315	25,078
51.00	Recovery Room											0	
52.00	Labor Room and Delivery Room											0	
53.00	Anesthesiology	48,957										503,754	
54.00	Radiology-Diagnostic	1,053,656										1,745,626	2,190
55.00	Radiology-Therapeutic	298,147										378,847	3,565
56.00	Radioisotope	171,634										512,883	1,645
57.00	Computed Tomography (CT) Scan	293,596										429,347	846
57.01	Ultrasound	227,935										148,601	160
58.00	Magnetic Resonance Imaging (MRI)	75,080										172,836	2,957
59.00	Cardiac Catheterization	853,028										1,083,346	
60.00	Laboratory	2,166,391										3,284,929	17,828
62.00	Whole Blood & Packed Red Blood Cells											4,104	224
63.00	Blood Storing, Processing, & Trans.											0	
64.00	Intravenous Therapy											0	
65.00	Respiratory Therapy	1,290,244										1,640,293	3,325
66.00	Physical Therapy	1,113,177										1,420,708	5,140
67.00	Occupational Therapy	520,519										657,995	1,795
68.00	Speech Pathology	245,604										305,531	610
69.00	Electrocardiology	154,926										279,606	640
70.00	Electroencephalography											0	
71.00	Medical Supplies Charged to Patients											5,982,264	
72.00	Implantable Devices Charged to Patients											1,890,607	
73.00	Drugs Charged to Patients											3,225,221	
74.00	Renal Dialysis											706,145	4,970
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	564,531										1,040,538	3,950
91.00	Emergency	2,620,017										3,608,158	5,300
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	
	NONREIMBURSABLE COST CENTERS											0	
94.00	Home Program Dialysis											0	
95.00	Ambulance Services											0	
96.00	Durable Medical Equipment-Rented											0	
97.00	Durable Medical Equipment-Sold											0	
98.00	Other Reimbursable (specify)											0	
99.00	Outpatient Rehabilitation Provider (specify)											0	
100.00	Intern-Resident Service (not appvd. tchng. prgm.)											0	
101.00	Home Health Agency											0	

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	RECON-CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS
		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	
115.00	Ambulatory Surgical Center (Distinct Part)											0	
116.00	Hospice											0	
117.00	Other Special Purpose (specify)											0	
190.00	Gift, Flower, Coffee Shop, & Canteen											0	
191.00	Research											0	
192.00	Physicians' Private Offices											0	
193.00	Nonpaid Workers											0	
193.01												0	
193.02												0	
193.03												0	
193.04												0	
	TOTAL	49,037,165	0	0	0	0	0	0	0	0		77,489,128	228,440
	COST TO BE ALLOCATED	6,367,207	0	0	0	0	0	0	0	0		54,098,750	2,927,201
	UNIT COST MULTIPLIER - SCH 8	0.129845	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.698146	12.813872

Provider Name:
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Fiscal Period Ended:
DECEMBER 31, 2011

		OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj) (Adj)	HOUSE-KEEPING (SQ FT) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj) (Adj)	CAFETERIA (PAID FTE'S) 11.00 (Adj) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj) (Adj)	CENT SERV & SUPPLY CSTD REQUIS 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj) (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj) (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj) (Adj)
	GENERAL SERVICE COST CENTERS												
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	3,460											
9.00	Housekeeping	660											
10.00	Dietary	6,027		6,027									
11.00	Cafeteria	4,823		4,823									
12.00	Maintenance of Personnel												
13.00	Nursing Administration	11,320		11,320		1,715,851							
14.00	Central Services and Supply	4,380		4,380		221,765							
15.00	Pharmacy	3,120		3,120		1,863,358							
16.00	Medical Records & Library	4,710		4,710		756,189							
17.00	Social Service					211,116					587,566,208		
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													
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	67,795	31,873	67,795	31,873	12,633,177		8,338,919			84,950,025	31,873	
31.00	Intensive Care Unit	4,600	2,516	4,600	2,516	1,981,536		1,542,551			17,619,566	2,516	
32.00	Coronary Care Unit	4,400	2,480	4,400	2,480	1,896,805		1,593,413			17,314,000	2,480	
33.00	Burn Intensive Care Unit												
34.00	Surgical Intensive Care Unit												
35.00	Other Special Care (specify)												
40.00	Subprovider - IPF	21,225	23,794	21,225	23,794	5,862,833		3,763,883			38,492,350	23,794	
41.00	Subprovider - IRF												
42.00	Subprovider (specify)												
43.00	Nursery												
44.00	Skilled Nursing Facility	7,935	254	7,935	254	250,577		357,744			425,650	254	
45.00	Nursing Facility												
46.00	Other Long Term Care												
47.00													

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj) (Adj)	HOUSE-KEEPING (SQ FT) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj) (Adj)	CAFETERIA (PAID FTE'S) 11.00 (Adj) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj) (Adj)	CENT SERV & SUPPLY CSTD REQUIS 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj) (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj) (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj) (Adj)
	ANCILLARY COST CENTERS												
50.00	Operating Room	25,078		25,078		2,570,222		1,574,892			23,342,583		
51.00	Recovery Room												
52.00	Labor Room and Delivery Room												
53.00	Anesthesiology					48,957					7,799,421		
54.00	Radiology-Diagnostic	2,190		2,190		1,053,656		6,046			7,200,823		
55.00	Radiology-Therapeutic	3,565		3,565		298,147					4,990,950		
56.00	Radioisotope	1,645		1,645		171,634					2,410,010		
57.00	Computed Tomography (CT) Scan	846		846		293,596					20,584,257		
57.01	Ultrasound	160		160		227,935					2,460,619		
58.00	Magnetic Resonance Imaging (MRI)	2,957		2,957		75,080					3,247,384		
59.00	Cardiac Catheterization					853,028		378,909			17,540,803		
60.00	Laboratory	17,828		17,828		2,166,391					96,506,244		
62.00	Whole Blood & Packed Red Blood Cells	224		224							2,156,341		
63.00	Blood Storing, Processing, & Trans.												
64.00	Intravenous Therapy												
65.00	Respiratory Therapy	3,325		3,325		1,290,244					49,406,364		
66.00	Physical Therapy	5,140		5,140		1,113,177					3,965,909		
67.00	Occupational Therapy	1,795		1,795		520,519					2,655,017		
68.00	Speech Pathology	610		610		245,604					767,131		
69.00	Electrocardiology	640		640		154,926					11,948,566		
70.00	Electroencephalography												
71.00	Medical Supplies Charged to Patients								5,774		18,677,520		
72.00	Implantable Devices Charged to Patients								4,226		13,670,360		
73.00	Drugs Charged to Patients									100	108,898,017		
74.00	Renal Dialysis	4,970		4,970							4,836,481		
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	3,950		3,950		564,531					4,307,721		
91.00	Emergency	5,300		5,300		2,620,017		2,050,662			21,392,096		
92.00	Observation Beds												
93.00	Other Outpatient Services (Specify)												
93.01													
93.02													
93.03													
93.04													
93.05													
	NONREIMBURSABLE COST CENTERS												
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. tchng. prgm.)												
101.00	Home Health Agency												

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj) (Adj)	HOUSE-KEEPING (SQ FT) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj) (Adj)	CAFETERIA (PAID FTE'S) 11.00 (Adj) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj) (Adj)	CENT SERV & SUPPLY CSTD REQUIS 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj) (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj) (Adj)	OTHER SVC (TIME SPENT) 18.00 (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												
115.00	Ambulatory Surgical Center (Distinct Part)												
116.00	Hospice												
117.00	Other Special Purpose (specify)												
190.00	Gift, Flower, Coffee Shop, & Canteen												
191.00	Research												
192.00	Physicians' Private Offices												
193.00	Nonpaid Workers												
193.01													
193.02													
193.03													
193.04													
	TOTAL	224,678	60,917	220,558	60,917	41,660,871	0	19,607,019	10,000	100	1,175,132,416	60,917	0
	COST TO BE ALLOCATED	2,226,601	1,007,007	2,661,730	2,888,480	1,217,204	0	4,189,424	1,310,654	4,616,626	2,817,878	1,850,356	0
	UNIT COST MULTIPLIER - SCH 8	9.910187	16.530807	12.068164	47.416647	0.029217	0.000000	0.213670	131.065364	46166.258442	0.002398	30.375038	0.000000

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		NONPHY-SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	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)
	GENERAL SERVICE COST CENTERS							
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								
	INPATIENT ROUTINE COST CENTERS							
30.00	Adults & Pediatrics (Gen Routine)							
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:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		NONPHY-SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	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)
	ANCILLARY COST CENTERS							
50.00	Operating Room							
51.00	Recovery Room							
52.00	Labor Room and Delivery Room							
53.00	Anesthesiology							
54.00	Radiology-Diagnostic							
55.00	Radiology-Therapeutic							
56.00	Radioisotope							
57.00	Computed Tomography (CT) Scan							
57.01	Ultrasound							
58.00	Magnetic Resonance Imaging (MRI)							
59.00	Cardiac Catheterization							
60.00	Laboratory							
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							
92.00	Observation Beds							
93.00	Other Outpatient Services (Specify)							
93.01								
93.02								
93.03								
93.04								
93.05								
	NONREIMBURSABLE COST CENTERS							
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. tchng. prgm.)							
101.00	Home Health Agency							

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		NONPHY-SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	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							
115.00	Ambulatory Surgical Center (Distinct Part)							
116.00	Hospice							
117.00	Other Special Purpose (specify)							
190.00	Gift, Flower, Coffee Shop, & Canteen							
191.00	Research							
192.00	Physicians' Private Offices							
193.00	Nonpaid Workers							
193.01								
193.02								
193.03								
193.04								
	TOTAL	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: BROTMAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	$ 251,347	$ 0	$ 251,347
2.00	Capital Related Costs-Movable Equipment	1,300,117	0	1,300,117
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	6,358,386	0	6,358,386
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	58,186,000	(5,170,747)	53,015,253
6.00	Maintenance and Repairs	1,496,394	0	1,496,394
7.00	Operation of Plant	1,263,218	0	1,263,218
8.00	Laundry and Linen Service	528,686	0	528,686
9.00	Housekeeping	1,555,164	0	1,555,164
10.00	Dietary	1,546,093	0	1,546,093
11.00	Cafeteria	592,854	0	592,854
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	1,923,867	0	1,923,867
14.00	Central Services and Supply	626,657	0	626,657
15.00	Pharmacy	2,364,450	0	2,364,450
16.00	Medical Records & Library	1,427,161	0	1,427,161
17.00	Social Service	228,896	0	228,896
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)		0	0
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
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	14,633,341	0	14,633,341
31.00	Intensive Care Unit	2,615,422	0	2,615,422
32.00	Coronary Care Unit	2,316,819	0	2,316,819
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	6,806,308	0	6,806,308
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility	291,111	0	291,111
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: BROTMAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	$ 3,230,998	$ 0	$ 3,230,998
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room		0	0
53.00	Anesthesiology	497,397	0	497,397
54.00	Radiology-Diagnostic	1,597,411	0	1,597,411
55.00	Radiology-Therapeutic	321,570	0	321,570
56.00	Radioisotope	482,031	0	482,031
57.00	Computed Tomography (CT) Scan	386,820	0	386,820
57.01	Ultrasound	118,172	0	118,172
58.00	Magnetic Resonance Imaging (MRI)	147,689	0	147,689
59.00	Cardiac Catheterization	972,585	0	972,585
60.00	Laboratory	2,910,800	0	2,910,800
62.00	Whole Blood & Packed Red Blood Cells	2,938	0	2,938
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	1,455,448	0	1,455,448
66.00	Physical Therapy	1,249,403	0	1,249,403
67.00	Occupational Therapy	581,061	0	581,061
68.00	Speech Pathology	270,464	0	270,464
69.00	Electrocardiology	256,157	0	256,157
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	5,982,264	0	5,982,264
72.00	Implantable Devices Charged to Patients	1,890,607	0	1,890,607
73.00	Drugs Charged to Patients	3,225,221	0	3,225,221
74.00	Renal Dialysis	680,265	0	680,265
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	946,668	0	946,668
91.00	Emergency	3,240,365	0	3,240,365
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
	SUBTOTAL	$ 136,758,625	$ (5,170,747)	$ 131,587,878
	NONREIMBURSABLE COST CENTERS			
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: BROTMAN MEDICAL CENTER

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. tchng. 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
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose (specify)		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen		0	0
191.00	Research		0	0
192.00	Physicians' Private Offices		0	0
193.00	Nonpaid Workers		0	0
193.01			0	0
193.02			0	0
193.03			0	0
193.04			0	0
	SUBTOTAL	$ 0	$ 0	$ 0
200	TOTAL	$ 136,758,625	$ (5,170,747)	$ 131,587,878

(To Schedule 8)

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs-Buildings and Fixtures	$0												
2.00	Capital Related Costs-Movable Equipment	0												
3.00	Other Capital Related Costs	0												
3.01		0												
3.02		0												
3.03		0												
3.04		0												
3.05		0												
3.06		0												
3.07		0												
3.08		0												
3.09		0												
4.00	Employee Benefits	0												
5.01		0												
5.02		0												
5.03		0												
5.04		0												
5.05		0												
5.06		0												
5.07		0												
5.08		0												
5.00	Administrative and General	(5,170,747)	(66,888)	(5,103,859)										
6.00	Maintenance and Repairs	0												
7.00	Operation of Plant	0												
8.00	Laundry and Linen Service	0												
9.00	Housekeeping	0												
10.00	Dietary	0												
11.00	Cafeteria	0												
12.00	Maintenance of Personnel	0												
13.00	Nursing Administration	0												
14.00	Central Services and Supply	0												
15.00	Pharmacy	0												
16.00	Medical Records & Library	0												
17.00	Social Service	0												
18.00	Other General Service (specify)	0												
19.00	Nonphysician Anesthetists	0												
20.00	Nursing School	0												
21.00	Intern & Res. Service-Salary & Fringes (Appr	0												
22.00	Intern & Res. Other Program Costs (Approve	0												
23.00	Paramedical Ed. Program (specify)	0												
23.01		0												
23.02		0												
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults & Pediatrics (Gen Routine)	0												
31.00	Intensive Care Unit	0												
32.00	Coronary Care Unit	0												
33.00	Burn Intensive Care Unit	0												
34.00	Surgical Intensive Care Unit	0												
35.00	Other Special Care (specify)	0												
40.00	Subprovider - IPF	0												
41.00	Subprovider - IRF	0												
42.00	Subprovider (specify)	0												
43.00	Nursery	0												
44.00	Skilled Nursing Facility	0												
45.00	Nursing Facility	0												
46.00	Other Long Term Care	0												
47.00		0												

STATE OF CALIFORNIA

ADJUSTMENTS TO REPORTED COSTS

SCHEDULE 10A
Page 1
Fiscal Period Ended:
DECEMBER 31, 2011

Provider Name:
BROTMAN MEDICAL CENTER

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	ANCILLARY COST CENTERS													
50.00	Operating Room	0												
51.00	Recovery Room	0												
52.00	Labor Room and Delivery Room	0												
53.00	Anesthesiology	0												
54.00	Radiology-Diagnostic	0												
55.00	Radiology-Therapeutic	0												
56.00	Radioisotope	0												
57.00	Computed Tomography (CT) Scan	0												
57.01	Ultrasound	0												
58.00	Magnetic Resonance Imaging (MRI)	0												
59.00	Cardiac Catheterization	0												
60.00	Laboratory	0												
62.00	Whole Blood & Packed Red Blood Cells	0												
63.00	Blood Storing, Processing, & Trans.	0												
64.00	Intravenous Therapy	0												
65.00	Respiratory Therapy	0												
66.00	Physical Therapy	0												
67.00	Occupational Therapy	0												
68.00	Speech Pathology	0												
69.00	Electrocardiology	0												
70.00	Electroencephalography	0												
71.00	Medical Supplies Charged to Patients	0												
72.00	Implantable Devices Charged to Patients	0												
73.00	Drugs Charged to Patients	0												
74.00	Renal Dialysis	0												
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	0												
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												
	NONREIMBURSABLE COST CENTERS													
94.00	Home Program Dialysis	0												
95.00	Ambulance Services	0												
96.00	Durable Medical Equipment-Rented	0												
97.00	Durable Medical Equipment-Sold	0												
98.00	Other Reimbursable (specify)	0												
99.00	Outpatient Rehabilitation Provider (specify)	0												
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0												
101.00	Home Health Agency	0												

STATE OF CALIFORNIA

ADJUSTMENTS TO REPORTED COSTS

SCHEDULE 10A
Page 1

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
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												
115.00	Ambulatory Surgical Center (Distinct Part)	0												
116.00	Hospice	0												
117.00	Other Special Purpose (specify)	0												
190.00	Gift, Flower, Coffee Shop, & Canteen	0												
191.00	Research	0												
192.00	Physicians' Private Offices	0												
193.00	Nonpaid Workers	0												
193.01		0												
193.02		0												
193.03		0												
193.04		0												
200.00	TOTAL	($5,170,747) (To Sch 10)	(66,888)	(5,103,859)	0	0	0	0	0	0	0	0	0	0

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	GENERAL SERVICE COST CENTER													
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 (Appro													
22.00	Intern & Res. Other Program Costs (Approvec													
23.00	Paramedical Ed. Program (specify)													
23.01														
23.02														
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults & Pediatrics (Gen Routine)													
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:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	ANCILLARY COST CENTERS													
50.00	Operating Room													
51.00	Recovery Room													
52.00	Labor Room and Delivery Room													
53.00	Anesthesiology													
54.00	Radiology-Diagnostic													
55.00	Radiology-Therapeutic													
56.00	Radioisotope													
57.00	Computed Tomography (CT) Scan													
57.01	Ultrasound													
58.00	Magnetic Resonance Imaging (MRI)													
59.00	Cardiac Catheterization													
60.00	Laboratory													
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													
92.00	Observation Beds													
93.00	Other Outpatient Services (Specify)													
93.01														
93.02														
93.03														
93.04														
93.05														
	NONREIMBURSABLE COST CENTERS													
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. tchng. prgm.)													
101.00	Home Health Agency													

Provider Name:
BROTMAN MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
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													
115.00	Ambulatory Surgical Center (Distinct Part)													
116.00	Hospice													
117.00	Other Special Purpose (specify)													
190.00	Gift, Flower, Coffee Shop, & Canteen													
191.00	Research													
192.00	Physicians' Private Offices													
193.00	Nonpaid Workers													
193.01														
193.02														
193.03														
193.04														
200.00	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							MEMORANDUM ADJUSTMENT			
1							The Psychiatric cost reported on Subprovider - IPF, line 40, has been reclassified to the cost center Adults and Pediatrics, line 28.00 and 30.00. The costs on line 28.00 and 30.00 will be combined with Adults and Pediatrics, line 30.00, after step-down. This is done in accordance with: 42 CFR 413.20, 413.24, and 413.53(b) CMS Pub. 15-1, Sections 2202.7, 2300, 2304, 2336, and 2404 No additional adjustments will be made to reclassify these costs and statistics in the reported cost report format. However, total Psychiatric days will be reclassified to Adults and Pediatrics. In addition, reported Psychiatric Medi-Cal days will be eliminated due to fact that the days are included in the (contract/noncontract) Medi-Cal settlement.			

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED COSTS			
2	10A	A			5.00	7	Administrative and General To reverse the provider's adjustment that included late fees and penalty expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3	$58,186,000	($66,888)	$58,119,112 *
3	10A	A			5.00	7	Administrative and General * To reverse and eliminate the provider's taxes adjustment due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	$58,119,112	($5,103,859)	$53,015,253

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Adj. No.	Audit Report	Report References: Cost Report: Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED PATIENT DAYS				
4	Contract 4, 4	D-1	I	XIX	1.00	1	Adults and Pediatrics (Inpatient Days)		27,460	23,794	51,254 *
	Contract 4, 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days)		27,460	23,794	51,254 *
	4-1	D-1	I	XIX	1.00	1	Subprovider - IPF (Inpatient Days)		23,794	(23,794)	0
	4-1	D-1	I	XIX	4.00	1	Subprovider - IPF (Semi-Private Room Days)		23,794	(23,794)	0
							To reclassify Subprovider - IPF (Psychiatric) total inpatient days to the Adults and Pediatrics in conjunction with adjustment number one.				
							42 CFR 413.20 and 413.50				
							CMS Pub. 15-1, Sections 2304 and 2336.1				
5	Contract 4, 4	D-1	I	XIX	1.00	1	Adults and Pediatrics (Inpatient Days)	*	51,254	4,413	55,667
	Contract 4, 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days)	*	51,254	4,413	55,667
	4-2	S-3	I		17.00	8	Subprovider - IRF (Inpatient Days)		4,413	(4,413)	0
	4-2	S-3	I		17.00	8	Subprovider - IRF (Semi-Private Room Days)		4,413	(4,413)	0
							To reclassify Subprovider - IRF (Rehabilitation) total inpatient days to the Adults and Pediatrics in conjunction with the cost.				
							42 CFR 413.20 and 413.50				
							CMS Pub. 15-1, Sections 2304 and 2336.1				

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO REPORTED TOTAL CHARGES			
6	Contract 4, 4	D-1	I	XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Charges)	$30,977,225	$38,492,350	$69,469,575
	Contract 4, 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges)	30,247,525	33,857,850	64,105,375
	4-1	D-1	I	XIX	28.00	1	Subprovider - IPF (General Inpatient Routine Charges)	38,492,350	(38,492,350)	0
	4-1	D-1	I	XIX	30.00	1	Subprovider - IPF (Semi-Private Room Charges)	33,857,850	(33,857,850)	0
							To reclassify Subprovider - IPF (Psychiatric) charges to the Adults and Pediatrics in conjunction with adjustment number one. 42 CFR 413.20, 413.24, 413.50 and 41353(b) CMS Pub. 15-1, Sections 2304 and 2336.1			

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT			
7	4A	Not Reported					Medi-Cal Administrative Days (January 1, 2011 through July 31, 2011)	0	176	176
	4A	Not Reported					Medi-Cal Administrative Day Rate (January 1, 2011 through July 31, 2011)	$0	$409.48	$409.48
	4A	Not Reported					Medi-Cal Administrative Days (August 1, 2011 through December 31, 2011)	0	333	333
	4A	Not Reported					Medi-Cal Administrative Day Rate (August 1, 2011 through December 31, 2011)	$0	$416.95	$416.95
8	6	Not Reported					Medi-Cal Ancillary Charges - Radiology-Diagnostic	$0	$2,794	$2,794
	6	Not Reported					Medi-Cal Ancillary Charges - Radioisotope	0	242	242
	6	Not Reported					Medi-Cal Ancillary Charges - Ultrasound	0	2,614	2,614
	6	Not Reported					Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	0	518	518
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	67,560	67,560
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	1,890	1,890
	6	Not Reported					Medi-Cal Ancillary Charges - Speech Therapy	0	24	24
	6	Not Reported					Medi-Cal Ancillary Charges - Occupational Therapy	0	762	762
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	96,553	96,553
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	172,955	172,955
9	2	Not Reported					Medi-Cal Routine Service Charges	$0	$182,750	$182,750
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	172,955	172,955
10	3	Not Reported					Medi-Cal Coinsurance	$0	$1,556	$1,556
	1	Not Reported					Medi-Cal Interim Payments	0	354,149	354,149

To adjust Medi-Cal Settlement Data to agree with the following
Fiscal Intermediary Payment Data.
Service Period: January 1, 2011 through December 31, 2011
Payment Period: January 1, 2011 through May 31, 2013
Report Date: June 24, 2013
42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139
CMS Pub. 15-1, Sections 2300, 2304, 2404 and 2408
CCR, Title 22, Sections 51173, 51511, 51541 and 51542

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT			
11	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	5,090	(1,920)	3,170
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	383	(10)	373
	Contract 4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	391	64	455
12	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	$1,964,112	($294,853)	$1,669,259
	6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	638,480	(172,123)	466,357
	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	662,674	(354,844)	307,830
	6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	683,251	(362,856)	320,395
	6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	352,271	(192,569)	159,702
	6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	2,353,320	(708,443)	1,644,877
	6	D-3		XIX	57.01	2	Medi-Cal Ancillary Charges - Ultrasound	403,641	(33,332)	370,309
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	282,440	(113,800)	168,640
	6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	925,446	149,734	1,075,180
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	12,128,830	(2,580,305)	9,548,525
	6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood & Packed Red Blood Cells	438,896	(46,243)	392,653
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	5,103,597	113,470	5,217,067
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	235,424	(58,468)	176,956
	6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	107,262	(43,945)	63,317
	6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Therapy	52,641	(11,970)	40,671
	6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,734,629	(1,273,099)	461,530
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,830,397	2,391,852	4,222,249
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	16,148,711	(3,173,101)	12,975,610
	6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	992,892	(221,681)	771,211
	6	D-3		XIX	90.00	2	Medi-Cal Ancillary Charges - Clinic	328	(328)	0
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	1,637,331	(395,752)	1,241,579
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	48,676,573	(7,382,656)	41,293,917

-Continued on next page-

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT			
-Continued from previous page-										
13	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	$18,375,529	($3,010,334)	$15,365,195
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	48,676,573	(7,382,656)	41,293,917
14	3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	$0	$8,347	$8,347
	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	0	188,962	188,962

To adjust Medi-Cal Settlement Data to agree with the following
Fiscal Intermediary Payment Data.
Service Period: January 1, 2011 through December 31, 2011
Payment Period: January 1, 2011 through July 31, 2012
Report Date: August 7, 2012
42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139
CMS Pub. 15-1, Sections 2300, 2304, 2404 and 2408
CCR, Title 22, Section 51541

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - SUBPROVIDER - IPF (PYSCHIATRIC)										
15	4-1	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	9,499	(9,499)	0
16	6-1	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	$82,495	($82,495)	$0
	6-1	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	23,762	(23,762)	0
	6-1	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	13,515	(13,515)	0
	6-1	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	124,598	(124,598)	0
	6-1	D-3		XIX	57.01	2	Medi-Cal Ancillary Charges - Ultrasound	23,089	(23,089)	0
	6-1	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	19,100	(19,100)	0
	6-1	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	2,870,109	(2,870,109)	0
	6-1	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	162,520	(162,520)	0
	6-1	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	31,497	(31,497)	0
	6-1	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	11,580	(11,580)	0
	6-1	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	115,910	(115,910)	0
	6-1	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	12,645	(12,645)	0
	6-1	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	3,894,064	(3,894,064)	0
	6-1	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	85,014	(85,014)	0
	6-1	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	581,525	(581,525)	0
	6-1	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	8,051,423	(8,051,423)	0
17	2-1	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	$8,051,423	($8,051,423)	$0
18	1-1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payments	$4,967,977	($4,967,977)	$0

To eliminate Subprovider - IPF (Psychiatric) Medi-Cal Settlement Data
since psychiatric services are not included in the Medi-Cal Contract.
42 CFR 413.20, 413.24, and 413.53(b)(c)
CMS Pub. 15-1, Sections 2304, 2306, 2336, 2336.1, 2336.2 and 2336.3

Provider Name	Fiscal Period	Provider NPI	Adjustments
BROTMAN MEDICAL CENTER	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205925054	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO OTHER MATTERS			
19	Contract 1	N/A					Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	$0	$11,479	$11,479