REPORT
ON THE
COST REPORT REVIEW

CITY OF HOPE – HELFORD CLINICAL RESEARCH HOSPITAL
DUARTE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS:
1114109337 AND 1760664981

FISCAL PERIOD ENDED
SEPTEMBER 30, 2011

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

Section Chief: Julio M. Cueto
Audit Supervisor: Virat Shah
Auditor: Mary Anne Ruiz

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

January 15, 2014

Bret Moreland
Reimbursement Manager
City of Hope – Helford Clinical Research Hospital
1500 East Duarte Road
Duarte, CA 91010

CITY OF HOPE – HELFORD CLINICAL RESEARCH HOSPITAL
NATIONAL PROVIDER IDENTIFIER 1114109337
FISCAL PERIOD ENDED SEPTEMBER 30, 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 combined settlement for the fiscal period due the State in the amount of $100,855, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings

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

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

4. Audit Adjustments Schedule

Financial Audits Branch/Audits Section—Rancho Cucamonga
9439 Archibald Avenue, Suite 107, MS 2105, Rancho Cucamonga, CA 91730
(909) 481-3420 / (909) 481-3442 fax
Internet Address: www.dhcs.ca.gov

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

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

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

Chief
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—Rancho Cucamonga at (909) 481-3420.

Original Signed By

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

Certified

SUMMARY OF FINDINGS

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	Provider NPI: 1760664981		
	Reported	$ 0	
	Net Change	$ (21,344)	
	Audited Amount Due Provider (State)	$ (21,344)	
2.	**Subprovider I (SCHEDULE 1-1)**		
	Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
3.	**Subprovider II (SCHEDULE 1-2)**		
	Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
4.	**Medi-Cal Contract Cost (CONTRACT SCH 1)**		
	Provider NPI: 1114109337		
	Reported		$ 61,853,465
	Net Change		$ (2,236,679)
	Audited Cost		$ 59,616,786
	Audited Amount Due Provider (State)	$ (79,511)	
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)**	$ (100,855)	
9.	**Total Medi-Cal Cost**		$ 59,616,786

SUMMARY OF FINDINGS

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 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)**	$ (100,855)

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

			REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		$ 0	$ 33,114
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	$ 33,114
6.	Interim Payments (Adj 5)		$ 0	$ (54,458)
7.	Balance Due Provider (State)		$ 0	$ (21,344)
8.	Duplicate Payments (Adj)		$ 0	$ 0
9.		$	$ 0	0
10.	$	$	0	0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		$ 0	$ (21,344)

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: NONCONTRACT

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

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 0	$ 33,114
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 4)	$ 0	$ 119,976
3. Inpatient Ancillary Service Charges (Adj 4)	$ 0	$ 129,040
4. Total Charges - Medi-Cal Inpatient Services	$ 0	$ 249,016
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 0	$ 215,902
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

				REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)			$	$ 21,239
2.	Medi-Cal Inpatient Routine Services (Schedule 4)			$ 0	$ 11,875
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	$ 33,114
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)			$ (See Schedule 1)	$ 0
8.	SUBTOTAL			$ 0	$ 33,114
				(To Schedule 2)	
9.	Medi-Cal Deductible (Adj)			$ 0	$ 0
10.	Medi-Cal Coinsurance (Adj)			$ 0	$ 0
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients			$ 0	$ 33,114
				(To Schedule 1)	

STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	35,061	35,061
2. Inpatient Days (include private, exclude swing-bed)	35,061	35,061
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	35,061	35,061
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)	$ 79,407,764	$ 79,881,253
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)	$ 79,407,764	$ 79,881,253
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	$ 228,407,590	$ 228,407,590
29. Private Room Charges (excluding swing-bed charges)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	$ 228,407,590	$ 228,407,590
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.347658	$ 0.349731
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)	$ 6,514.58	$ 6,514.58
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)	$ 79,407,764	$ 79,881,253
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 2,264.85	$ 2,278.35
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 0	$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	$ 0	$ 11,875
41. Cost Applicable to Medi-Cal (Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	$ 0	$ 11,875

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

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)	$ 18,053,195	$ 18,053,201
7. Total Inpatient Days (Adj)	5,963	5,963
8. Average Per Diem Cost	$ 3,027.54	$ 3,027.54
9. Medi-Cal Inpatient Days (Adj)		0
10. Cost Applicable to Medi-Cal	$ 0	$ 0
BONE MARROW TRANSPLANT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	$ 24,296,127	$ 24,296,136
12. Total Inpatient Days (Adj)	13,816	13,816
13. Average Per Diem Cost	$ 1,758.55	$ 1,758.55
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		
31. Per Diem Rate (Adj 2)	$ 0.00	$ 409.48
32. Medi-Cal Inpatient Days (Adj 2)	0	29
33. Cost Applicable to Medi-Cal	$ 0	$ 11,875
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	$ 0.00	$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0	0
36. Cost Applicable to Medi-Cal	$ 0	$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	$ 0	$ 11,875

(To Schedule 4)

STATE OF CALIFORNIA

SCHEDULE 4B
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

	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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

		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	$ 30,324,929	$ 88,812,423	0.341449	$ 75	$ 26
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	17,454,068	111,109,899	0.157088	27,076	4,253
55.00	Radiology-Therapeutic	12,953,318	75,671,638	0.171178	1,294	222
56.00	Radioisotope	4,000,044	24,468,693	0.163476	3,937	644
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	15,526,381	171,397,408	0.090587	26,636	2,413
60.01	Laboratory Blood	28,120,860	87,731,309	0.320534	2,625	841
60.02	Laboratory Pathology	11,945,822	41,699,257	0.286476	748	214
60.03	Laboratory Other	16,580,993	24,856,564	0.667067	59	39
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	5,345,510	32,985,870	0.162055	587	95
66.01	Rehabilitation	4,777,968	11,975,889	0.398966	1,703	679
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	2,090,117	6,372,452	0.327993	0	0
70.00	Electroencephalography	214,154	178,362	1.200672	0	0
71.00	Medical Supplies Charged to Patients	9,030,745	30,563,671	0.295473	0	0
72.00	Implantable Devices Charged to Patients	6,630,985	18,581,115	0.356867	0	0
73.00	Drugs Charged to Patients	128,886,462	701,573,046	0.183711	64,300	11,813
74.00	Renal Dialysis	223,750	3,423,763	0.065352	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
90.01	Clinic - Peds Infusion	1,913,118	2,976,997	0.642634	0	0
90.02	Clinic - HEM/BMT OPD 1B	2,301,562	3,074,918	0.748495	0	0
90.03	Clinic - Evaluation and Treatment	6,076,174	9,091,588	0.668329	0	0
90.04	Clinic - HEM/BMT Infusion	6,213,410	19,140,925	0.324614	0	0
90.05	Clinic - Medical Oncology OPD	2,693,271	4,829,410	0.557681	0	0
90.06	Clinic - Medical Oncology Infusion	5,249,571	20,444,973	0.256766	0	0
90.07	Clinic - Surgical OPD	2,341,736	3,198,670	0.732097	0	0
90.08	Clinic - Medical Specialties Opd	1,535,322	2,642,561	0.580998	0	0
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	1,510,053	3,099,206	0.487239	0	0
90.10	Clinic - HEM/BMT OPD 1C	1,591,572	3,176,178	0.501097	0	0
90.11	Clinic - Surgical OPD 2D	1,615,151	3,479,103	0.464243	0	0
90.12	Clinic - Phase I Infusion Clinic	2,074,588	7,298,408	0.284252	0	0
90.13	Clinic - Pre Operative Clinic	1,303,933	914,910	1.425204	0	0
90.20	Clinic - A&G Expenses Only	0	0	0.000000	0	0
90.00	Clinic	778,980	1,924,018	0.404872	0	0
91.00	Emergency	0	0	0.000000	0	0
92.00	Observation Beds	0	856,725	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	$ 331,304,550	$ 1,517,549,949		$ 129,040	$ 21,239

(To Schedule 3)

* From Schedule 8, Column 26

STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: NONCONTRACT

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 3)	AUDITED
50.00	Operating Room	$ 0	$ 75	$ 75
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	0	27,076	27,076
55.00	Radiology-Therapeutic	0	1,294	1,294
56.00	Radioisotope	0	3,937	3,937
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	0	26,636	26,636
60.01	Laboratory Blood	0	2,625	2,625
60.02	Laboratory Pathology	0	748	748
60.03	Laboratory Other	0	59	59
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	0	587	587
66.01	Rehabilitation	0	1,703	1,703
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	64,300	64,300
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
90.01	Clinic - Peds Infusion			0
90.02	Clinic - HEM/BMT OPD 1B			0
90.03	Clinic - Evaluation and Treatment			0
90.04	Clinic - HEM/BMT Infusion			0
90.05	Clinic - Medical Oncology OPD			0
90.06	Clinic - Medical Oncology Infusion			0
90.07	Clinic - Surgical OPD			0
90.08	Clinic - Medical Specialties Opd			0
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd			0
90.10	Clinic - HEM/BMT OPD 1C			0
90.11	Clinic - Surgical OPD 2D			0
90.12	Clinic - Phase I Infusion Clinic			0
90.13	Clinic - Pre Operative Clinic			0
90.20	Clinic - A&G Expenses Only			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	$ 129,040	$ 129,040

(To Schedule 5)

STATE OF CALIFORNIA

SCHEDULE 7
PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1760664981

	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
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3)

STATE OF CALIFORNIA **CONTRACT SCH 1**

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

				REPORTED		AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		$	61,853,465	$	59,616,786
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)		$	61,853,465	$	59,616,786
6.	$	$		0		0
7.		$	$	0		0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)		$	61,853,465	$	59,616,786
				(To Summary of Findings)		
9.	Medi-Cal Overpayments (Adj 10)		$	0	$	(79,511)
10.	Medi-Cal Credit Balances (Adj)		$	0	$	0
11.		$	$	0		0
12.		$	$	0		0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		$	0	$	(79,511)
				(To Summary of Findings)		

STATE OF CALIFORNIA **CONTRACT SCH 2**

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

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	$ 61,853,465	$ 59,687,080
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 8)	$ 35,904,893	$ 49,647,919
3. Inpatient Ancillary Service Charges (Adj 8)	$ 155,008,608	$ 148,249,440
4. Total Charges - Medi-Cal Inpatient Services	$ 190,913,501	$ 197,897,359
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 129,060,036	$ 138,210,279
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.

COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

		REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	$ 33,328,445	$ 29,430,363
2.	Medi-Cal Inpatient Routine Services (Contract Sch 4)	$ 28,525,020	$ 30,256,717
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)	$ 61,853,465	$ 59,687,080
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	$ (See Contract Sch 1)	$ 0
8.	SUBTOTAL	$ 61,853,465 (To Contract Sch 2)	$ 59,687,080
9.	Medi-Cal Deductible (Adj 9)	$ 0	$ (7,353)
10.	Medi-Cal Coinsurance (Adj 9)	$ 0	$ (62,941)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$ 61,853,465 (To Contract Sch 1)	$ 59,616,786

STATE OF CALIFORNIA **CONTRACT SCH 4**

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS	**REPORTED**	**AUDITED**
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	35,061	35,061
2. Inpatient Days (include private, exclude swing-bed)	35,061	35,061
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	35,061	35,061
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 6)	8,789	8,226
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)	$ 79,407,764	$ 79,881,253
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)	$ 79,407,764	$ 79,881,253
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	$ 228,407,590	$ 228,407,590
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	$ 228,407,590	$ 228,407,590
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.347658	$ 0.349731
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)	$ 6,514.58	$ 6,514.58
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)	$ 79,407,764	$ 79,881,253
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 2,264.85	$ 2,278.35
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 19,905,767	$ 18,741,707
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	$ 8,619,253	$ 11,515,010
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	$ 28,525,020	$ 30,256,717

(To Contract Sch 3)

STATE OF CALIFORNIA **CONTRACT SCH 4A**

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

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)	$ 18,053,195	$ 18,053,201
7. Total Inpatient Days (Adj)	5,963	5,963
8. Average Per Diem Cost	$ 3,027.54	$ 3,027.54
9. Medi-Cal Inpatient Days (Adj 6)	1,353	3,434
10. Cost Applicable to Medi-Cal	$ 4,096,262	$ 10,396,572
BONE MARROW TRANSPLANT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	$ 24,296,127	$ 24,296,136
12. Total Inpatient Days (Adj)	13,816	13,816
13. Average Per Diem Cost	$ 1,758.55	$ 1,758.55
14. Medi-Cal Inpatient Days (Adj 6)	2,572	636
15. Cost Applicable to Medi-Cal	$ 4,522,991	$ 1,118,438
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)	$ 8,619,253	$ 11,515,010

(To Contract Sch 4)

STATE OF CALIFORNIA | CONTRACT SCH 4B

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

	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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

		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	$ 30,324,929	$ 88,812,423	0.341449	$ 15,641,839	$ 5,340,893
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	17,454,068	111,109,899	0.157088	23,774,131	3,734,638
55.00	Radiology-Therapeutic	12,953,318	75,671,638	0.171178	2,983,138	510,648
56.00	Radioisotope	4,000,044	24,468,693	0.163476	3,275,325	535,437
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	15,526,381	171,397,408	0.090587	18,650,304	1,689,476
60.01	Laboratory Blood	28,120,860	87,731,309	0.320534	11,758,444	3,768,980
60.02	Laboratory Pathology	11,945,822	41,699,257	0.286476	2,347,055	672,374
60.03	Laboratory Other	16,580,993	24,856,564	0.667067	39,655	26,453
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	5,345,510	32,985,870	0.162055	8,612,080	1,395,627
66.01	Rehabilitation	4,777,968	11,975,889	0.398966	1,874,293	747,778
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	2,090,117	6,372,452	0.327993	112,891	37,027
70.00	Electroencephalography	214,154	178,362	1.200672	15,463	18,566
71.00	Medical Supplies Charged to Patients	9,030,745	30,563,671	0.295473	790,737	233,642
72.00	Implantable Devices Charged to Patients	6,630,985	18,581,115	0.356867	0	0
73.00	Drugs Charged to Patients	128,886,462	701,573,046	0.183711	58,229,573	10,697,395
74.00	Renal Dialysis	223,750	3,423,763	0.065352	110,312	7,209
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	0	0
90.01	Clinic - Peds Infusion	1,913,118	2,976,997	0.642634	8,157	5,242
90.02	Clinic - HEM/BMT OPD 1B	2,301,562	3,074,918	0.748495	0	0
90.03	Clinic - Evaluation and Treatment	6,076,174	9,091,588	0.668329	2,266	1,514
90.04	Clinic - HEM/BMT Infusion	6,213,410	19,140,925	0.324614	14,506	4,709
90.05	Clinic - Medical Oncology OPD	2,693,271	4,829,410	0.557681	390	217
90.06	Clinic - Medical Oncology Infusion	5,249,571	20,444,973	0.256766	5,674	1,457
90.07	Clinic - Surgical OPD	2,341,736	3,198,670	0.732097	0	0
90.08	Clinic - Medical Specialties Opd	1,535,322	2,642,561	0.580998	0	0
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	1,510,053	3,099,206	0.487239	0	0
90.10	Clinic - HEM/BMT OPD 1C	1,591,572	3,176,178	0.501097	781	391
90.11	Clinic - Surgical OPD 2D	1,615,151	3,479,103	0.464243	0	0
90.12	Clinic - Phase I Infusion Clinic	2,074,588	7,298,408	0.284252	2,426	690
90.13	Clinic - Pre Operative Clinic	1,303,933	914,910	1.425204	0	0
90.20	Clinic - A&G Expenses Only	0	0	0.000000	0	0
90.00	Clinic	778,980	1,924,018	0.404872	0	0
91.00	Emergency	0	0	0.000000	0	0
92.00	Observation Beds	0	856,725	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	$ 331,304,550	$ 1,517,549,949		$ 148,249,440	$ 29,430,363

(To Contract Sch 3)

* From Schedule 8, Column 26

STATE OF CALIFORNIA CONTRACT SCH 6

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 7)	AUDITED
50.00	Operating Room	$ 11,537,838	$ 4,104,001	$ 15,641,839
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	4,905,837	18,868,294	23,774,131
55.00	Radiology-Therapeutic	2,888,976	94,162	2,983,138
56.00	Radioisotope	272,899	3,002,426	3,275,325
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	18,512,907	137,397	18,650,304
60.01	Laboratory Blood	12,636,761	(878,317)	11,758,444
60.02	Laboratory Pathology	2,389,000	(41,945)	2,347,055
60.03	Laboratory Other	2,358,468	(2,318,813)	39,655
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	7,202,148	1,409,932	8,612,080
66.01	Rehabilitation	2,010,452	(136,159)	1,874,293
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology	396,657	(283,766)	112,891
70.00	Electroencephalography	16,952	(1,489)	15,463
71.00	Medical Supplies Charged to Patients	4,324,248	(3,533,511)	790,737
72.00	Implantable Devices Charged to Patients	2,591,220	(2,591,220)	0
73.00	Drugs Charged to Patients	81,705,228	(23,475,655)	58,229,573
74.00	Renal Dialysis	24,524	85,788	110,312
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
90.01	Clinic - Peds Infusion	111,344	(103,187)	8,157
90.02	Clinic - HEM/BMT OPD 1B	34,823	(34,823)	0
90.03	Clinic - Evaluation and Treatment	875,048	(872,782)	2,266
90.04	Clinic - HEM/BMT Infusion	80,607	(66,101)	14,506
90.05	Clinic - Medical Oncology OPD	16,104	(15,714)	390
90.06	Clinic - Medical Oncology Infusion	18,332	(12,658)	5,674
90.07	Clinic - Surgical OPD	12,050	(12,050)	0
90.08	Clinic - Medical Specialties Opd	3,765	(3,765)	0
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	10,430	(10,430)	0
90.10	Clinic - HEM/BMT OPD 1C	32,807	(32,026)	781
90.11	Clinic - Surgical OPD 2D	4,212	(4,212)	0
90.12	Clinic - Phase I Infusion Clinic	10,879	(8,453)	2,426
90.13	Clinic - Pre Operative Clinic	3,275	(3,275)	0
90.20	Clinic - A&G Expenses Only			0
90.00	Clinic	20,817	(20,817)	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		$ 155,008,608	$ (6,759,168)	$ 148,249,440

(To Contract Sch 5)

STATE OF CALIFORNIA

CONTRACT SCH 7

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

Provider NPI:
1114109337

	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
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Contract Sch 3)

Provider Name: **Fiscal Period Ended:**
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL **SEPTEMBER 30, 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	16,370,866											
2.00	Capital Related Costs-Movable Equipment	25,287,656	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	48,535,461	9,009	1,295	0	0	0	0	0	0	0	0	0
5.01	Non Patient Telephones	1,341,546	28,390	28,609	0	0	0	0	0	0	0	0	0
5.02	Data Processing	17,868,422	24,219	9,693,262	0	0	0	0	0	0	0	0	0
5.03	Purchasing Receiving and Stores	2,294,541	6,466	60,563	0	0	0	0	0	0	0	0	0
5.04	Admitting	2,183,003	299,875	128,475	0	0	0	0	0	0	0	0	0
5.05	Patient Accounting	10,114,414	9,507	10,601	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	59,947,878	173,556	1,926,390	0	0	0	0	0	0	0	0	0
6.00	Maintenance and Repairs	7,081,387	128,596	638,133	0	0	0	0	0	0	0	0	0
7.00	Operation of Plant	11,983,532	20,171	916,732	0	0	0	0	0	0	0	0	0
8.00	Laundry and Linen Service	1,767,037	403	1,088	0	0	0	0	0	0	0	0	0
9.00	Housekeeping	5,245,101	156,567	109,916	0	0	0	0	0	0	0	0	0
10.00	Dietary	2,346,417	180,354	97,657	0	0	0	0	0	0	0	0	0
11.00	Cafeteria	0	14,407	3,454	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	21,293,571	421,978	106,029	0	0	0	0	0	0	0	0	0
14.00	Central Services and Supply	3,525,165	371,855	244,179	0	0	0	0	0	0	0	0	0
15.00	Pharmacy	12,634,868	483,618	207,279	0	0	0	0	0	0	0	0	0
16.00	Medical Records & Library	7,391,120	16,141	102,778	0	0	0	0	0	0	0	0	0
17.00	Social Service	1,701,916	43,970	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)	555,675	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)	31,566,631	3,446,845	2,466,138	0	0	0	0	0	0	0	0	0
31.00	Intensive Care Unit	7,992,315	601,044	395,405	0	0	0	0	0	0	0	0	0
32.00	Bone Marrow Transplant	10,272,205	1,184,501	7,903	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	0	0	0	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	0	0	0	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: CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended: SEPTEMBER 30, 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	13,021,711	1,712,986	2,540,650	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	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Radiology-Diagnostic	8,541,149	843,623	997,214	0	0	0	0	0	0	0	0	0
55.00	Radiology-Therapeutic	7,416,446	294,740	419,479	0	0	0	0	0	0	0	0	0
56.00	Radioisotope	2,125,736	214,264	316,241	0	0	0	0	0	0	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00	Laboratory	8,567,852	313,725	337,077	0	0	0	0	0	0	0	0	0
60.01	Laboratory Blood	16,924,492	1,359,701	446,520	0	0	0	0	0	0	0	0	0
60.02	Laboratory Pathology	6,999,024	202,294	416,744	0	0	0	0	0	0	0	0	0
60.03	Laboratory Other	11,914,562	238,754	197,220	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	2,799,675	229,005	227,863	0	0	0	0	0	0	0	0	0
66.01	Rehabilitation	2,855,296	79,257	61,765	0	0	0	0	0	0	0	0	0
67.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00	Electrocardiology	937,268	158,457	286,908	0	0	0	0	0	0	0	0	0
70.00	Electroencephalography	68,608	20,720	7,654	0	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	7,119,754	0	0	0	0	0	0	0	0	0	0	0
72.00	Implantable Devices Charged to Patients	5,299,841	0	0	0	0	0	0	0	0	0	0	0
73.00	Drugs Charged to Patients	89,002,148	0	0	0	0	0	0	0	0	0	0	0
74.00	Renal Dialysis	112,511	0	0	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
90.01	Clinic - Peds Infusion	776,141	97,649	15,896	0	0	0	0	0	0	0	0	0
90.02	Clinic - HEM/BMT OPD 1B	776,871	208,865	15,554	0	0	0	0	0	0	0	0	0
90.03	Clinic - Evaluation and Treatment	2,811,621	90,805	96,612	0	0	0	0	0	0	0	0	0
90.04	Clinic - HEM/BMT Infusion	2,722,891	112,774	56,517	0	0	0	0	0	0	0	0	0
90.05	Clinic - Medical Oncology OPD	1,099,461	63,155	22,566	0	0	0	0	0	0	0	0	0
90.06	Clinic - Medical Oncology Infusion	2,279,606	138,314	48,541	0	0	0	0	0	0	0	0	0
90.07	Clinic - Surgical OPD	854,003	173,982	51,657	0	0	0	0	0	0	0	0	0
90.08	Clinic - Medical Specialties Opd	534,163	94,874	12,075	0	0	0	0	0	0	0	0	0
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	536,666	89,114	27,988	0	0	0	0	0	0	0	0	0
90.10	Clinic - HEM/BMT OPD 1C	709,120	7,242	14,208	0	0	0	0	0	0	0	0	0
90.11	Clinic - Surgical OPD 2D	663,988	23,664	68,592	0	0	0	0	0	0	0	0	0
90.12	Clinic - Phase I Infusion Clinic	946,742	44,505	18,996	0	0	0	0	0	0	0	0	0
90.13	Clinic - Pre Operative Clinic	686,329	2,588	13,739	0	0	0	0	0	0	0	0	0
90.20	Clinic - A&G Expenses Only	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	205,635	84,179	4,427	0	0	0	0	0	0	0	0	0
91.00	Emergency	0	0	0	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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 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
190.00	Gift, Flower, Coffee Shop, & Canteen	452,763	52,751	25,689	0	0	0	0	0	0	0	0	0
190.04	Vacant Space	0	357,636	0	0	0	0	0	0	0	0	0	0
191.00	Research	15,563,712	336,777	1,260,096	0	0	0	0	0	0	0	0	0
191.01	Research Grants	10,604,361	0	5,489	0	0	0	0	0	0	0	0	0
194.00	Beckman Research Institute	220,749,247	550,910	116,483	0	0	0	0	0	0	0	0	0
194.01	Hope Village	24,758	24,127	169	0	0	0	0	0	0	0	0	0
194.02	Home Health Case Rate	55,948	0	0	0	0	0	0	0	0	0	0	0
194.03	Visitors Meals	0	0	0	0	0	0	0	0	0	0	0	0
194.04	Special Services	7,077,009	28,280	11,141	0	0	0	0	0	0	0	0	0
194.05	MOB	0	499,677	0	0	0	0	0	0	0	0	0	0
194.07	OMSI	0	0	0	0	0	0	0	0	0	0	0	0
194.08	Genbasix	1,168	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	763,139,003	16,370,866	25,287,656	0	0	0	0	0	0	0	0	0

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH

Fiscal Period Ended:
SEPTEMBER 30, 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	Non Patient Telephones	0	0										
5.02	Data Processing	0	45,417	130,032									
5.03	Purchasing Receiving and Stores	0	147,030	11,333	151,577								
5.04	Admitting	0	538,844	9,742	581,607	2,096							
5.05	Patient Accounting	0	1,380,230	63,227	688,413	3,340	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	1,688,278	83,507	1,635,770	109,485	0	0	0	0	0	65,564,863	
6.00	Maintenance and Repairs	0	902,165	27,040	315,786	55,721	0	0	0	0	0	9,148,828	859,897
7.00	Operation of Plant	0	215,282	2,187	69,473	8,577	0	0	0	0	0	13,215,953	1,242,165
8.00	Laundry and Linen Service	0	0	0	0	19	0	0	0	0	0	1,768,548	166,225
9.00	Housekeeping	0	0	10,935	37,894	512	0	0	0	0	0	5,560,925	522,670
10.00	Dietary	0	203,090	1,392	88,420	19	0	0	0	0	0	2,917,349	274,201
11.00	Cafeteria	0	0	6,760	31,579	123	0	0	0	0	0	56,323	5,294
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Nursing Administration	0	4,754,775	61,040	1,515,771	12,568	0	0	0	0	0	28,165,732	2,647,292
14.00	Central Services and Supply	0	345,685	10,737	50,526	0	0	0	0	0	0	4,548,146	427,479
15.00	Pharmacy	0	3,140,036	42,350	962,796	25,912	0	0	0	0	0	17,496,858	1,644,526
16.00	Medical Records & Library	0	1,271,266	33,800	1,023,146	2,386	0	0	0	0	0	9,840,637	924,920
17.00	Social Service	0	430,227	3,778	176,840	410	0	0	0	0	0	2,357,141	221,547
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	555,675	52,228
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	7,496,013	71,379	7,262,229	75,026	518,926	901,012	0	0	0	53,804,198	5,057,047
31.00	Intensive Care Unit	0	1,942,004	8,351	848,832	32,239	155,426	268,064	0	0	0	12,243,679	1,150,781
32.00	Bone Marrow Transplant	0	2,584,143	16,503	1,108,197	29,049	256,491	442,369	0	0	0	15,901,360	1,494,566
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	0	0	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	0	0	0	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

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	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	1,991,468	70,385	2,231,552	69,164	286,207	624,113	0	0	0	22,548,237	2,119,305
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	0	0	0	0	0	0	0
54.00	Radiology-Diagnostic	0	1,389,550	59,051	631,571	45,777	86,325	780,805	0	0	0	13,375,064	1,257,120
55.00	Radiology-Therapeutic	0	1,181,165	20,479	454,731	61,639	41,882	531,769	0	0	0	10,422,330	979,593
56.00	Radioisotope	0	250,394	1,193	50,526	36,233	4,668	171,949	0	0	0	3,171,205	298,061
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00	Laboratory	0	1,336,248	3,977	442,100	73,623	324,199	1,204,464	0	0	0	12,603,264	1,184,578
60.01	Laboratory Blood	0	1,894,644	36,783	694,729	396,685	215,693	616,516	0	0	0	22,585,762	2,122,832
60.02	Laboratory Pathology	0	1,453,452	31,017	637,887	59,930	45,151	293,034	0	0	0	10,138,534	952,919
60.03	Laboratory Other	0	1,225,295	21,274	562,099	142,357	37,538	174,675	0	0	0	14,513,774	1,364,147
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	0	670,577	1,988	94,736	6,278	127,284	231,802	0	0	0	4,389,208	412,541
66.01	Rehabilitation	0	673,852	7,158	170,524	3,783	37,986	84,158	0	0	0	3,973,781	373,495
67.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00	Electrocardiology	0	177,895	994	69,473	1,339	7,011	44,781	0	0	0	1,684,126	158,291
70.00	Electroencephalography	0	22,167	199	44,210	64	284	1,253	0	0	0	165,158	15,523
71.00	Medical Supplies Charged to Patients	0	0	0	0	303,173	106,134	214,781	0	0	0	7,743,842	727,842
72.00	Implantable Devices Charged to Patients	0	0	0	0	225,441	49,835	130,575	0	0	0	5,705,692	536,277
73.00	Drugs Charged to Patients	0	0	0	0	0	1,408,790	4,930,177	0	0	0	95,341,115	8,961,094
74.00	Renal Dialysis	0	0	0	0	2,184	13,950	24,060	0	0	0	152,705	14,353
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
90.01	Clinic - Peds Infusion	0	183,304	2,585	51,087	4,132	903	20,920	0	0	0	1,152,617	108,334
90.02	Clinic - HEM/BMT OPD 1B	0	191,246	15,508	221,611	2,798	459	21,608	0	0	0	1,454,521	136,710
90.03	Clinic - Evaluation and Treatment	0	696,119	8,550	152,419	9,304	14,716	63,889	0	0	0	3,944,035	370,699
90.04	Clinic - HEM/BMT Infusion	0	639,190	13,123	232,699	12,835	1,198	134,509	0	0	0	3,925,736	368,979
90.05	Clinic - Medical Oncology OPD	0	224,246	10,339	248,558	11,306	311	33,939	0	0	0	1,713,881	161,087
90.06	Clinic - Medical Oncology Infusion	0	581,895	4,374	133,191	3,521	431	143,673	0	0	0	3,333,548	313,320
90.07	Clinic - Surgical OPD	0	196,182	14,713	191,998	4,706	163	22,478	0	0	0	1,509,882	141,914
90.08	Clinic - Medical Specialties Opd	0	121,335	6,959	145,963	3,417	69	18,570	0	0	0	937,425	88,108
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	0	126,491	5,567	171,366	2,621	299	21,779	0	0	0	981,892	92,288
90.10	Clinic - HEM/BMT OPD 1C	0	174,465	6,760	188,349	2,525	487	22,320	0	0	0	1,125,477	105,783
90.11	Clinic - Surgical OPD 2D	0	148,452	10,339	155,647	4,480	103	24,449	0	0	0	1,099,714	103,362
90.12	Clinic - Phase I Infusion Clinic	0	228,336	1,591	36,350	3,408	310	51,288	0	0	0	1,331,527	125,150
90.13	Clinic - Pre Operative Clinic	0	177,703	1,193	61,333	1,170	130	6,429	0	0	0	950,615	89,348
90.20	Clinic - A&G Expenses Only	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	0	50,416	11,731	125,191	621	282	13,521	0	0	0	496,004	46,619
91.00	Emergency	0	0	0	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

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	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
190.00	Gift, Flower, Coffee Shop, & Canteen	0	26,032	795	6,316	12,787	0	0	0	0	0	577,133	54,245
190.04	Vacant Space	0	0	0	0	0	0	0	0	0	0	357,636	33,614
191.00	Research	0	3,508,848	160,254	2,349,446	18,484	0	0	0	0	0	23,197,616	2,180,340
191.01	Research Grants	0	1,451,960	1,193	164,209	12,153	0	0	0	0	0	12,239,365	1,150,376
194.00	Beckman Research Institute	0	0	256,884	0	761,139	0	0	0	0	0	222,434,662	20,906,593
194.01	Hope Village	0	0	0	0	222	0	0	0	0	0	49,276	4,631
194.02	Home Health Case Rate	0	0	0	0	0	0	0	0	0	0	55,948	5,259
194.03	Visitors Meals	0	0	0	0	0	0	0	0	0	0	0	0
194.04	Special Services	0	468,353	17,497	492,626	14,730	0	0	0	0	0	8,109,635	762,223
194.05	MOB	0	0	0	0	0	0	0	0	0	0	499,677	46,965
194.07	OMSI	0	0	0	0	0	0	0	0	0	0	0	0
194.08	Genbasix	0	0	0	0	0	0	0	0	0	0	1,168	110
	TOTAL	0	48,545,766	1,398,545	27,761,353	2,671,510	3,743,643	12,269,730	0	0	0	763,139,003	65,564,864

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	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	Non Patient Telephones												
5.02	Data Processing												
5.03	Purchasing Receiving and Stores												
5.04	Admitting												
5.05	Patient Accounting												
5.06													
5.07													
5.08													
5.00	Administrative and General												
6.00	Maintenance and Repairs												
7.00	Operation of Plant	119,555											
8.00	Laundry and Linen Service	10,047	14,811										
9.00	Housekeeping	40,999	60,437	7,576									
10.00	Dietary	77,117	113,679	694	49,140								
11.00	Cafeteria	145,618	214,656	1,446	7,064	2,350,080							
12.00	Maintenance of Personnel	0	0	0	0	0	0						
13.00	Nursing Administration	254,218	374,744	3,489	211,352	0	138,730	0					
14.00	Central Services and Supply	94,220	138,890	0	99,868	0	24,983	0	46,939				
15.00	Pharmacy	173,586	255,883	0	129,926	0	94,014	0	0	290,580			
16.00	Medical Records & Library	105,641	155,726	0	265,233	0	71,503	0	0	0	0		
17.00	Social Service	27,641	40,745	39	10,288	0	18,768	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)	1,045,110	1,540,603	675,006	1,084,161	928,100	260,333	0	12,211,692	1,058,903	0	834,475	908,105
31.00	Intensive Care Unit	152,289	224,490	146,521	161,406	31,790	55,599	0	3,097,183	484,783	0	248,268	56,412
32.00	Bone Marrow Transplant	300,122	442,412	222,644	318,094	122,211	81,642	0	4,318,382	426,145	0	409,702	258,858
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	0	0	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	0	0	0	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

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	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	441,203	650,380	121,558	448,162	0	79,121	0	2,623,781	633,721	44	578,025	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	0	0	0	0	0	0	0
54.00	Radiology-Diagnostic	245,225	361,488	143,706	235,649	0	53,441	0	297,555	649,310	59,374	723,145	0
55.00	Radiology-Therapeutic	221,125	325,961	91,274	81,189	0	34,071	0	250,291	54,985	0	492,500	0
56.00	Radioisotope	60,849	89,697	559	59,072	0	7,809	0	128,945	24,596	0	159,252	0
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00	Laboratory	139,805	206,088	1,600	78,676	0	56,525	0	118,776	21,550	0	1,115,519	0
60.01	Laboratory Blood	277,510	409,078	49,348	161,098	0	76,257	0	1,867,987	0	0	570,989	0
60.02	Laboratory Pathology	171,117	252,244	3,296	93,657	0	62,444	0	217	0	0	271,395	0
60.03	Laboratory Other	113,293	167,006	386	95,435	0	50,816	0	114,361	0	0	161,776	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	59,001	86,974	1,696	61,822	0	23,456	0	0	96,129	0	214,685	0
66.01	Rehabilitation	82,856	122,139	18,004	66,278	0	26,816	0	0	36,654	0	77,944	0
67.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00	Electrocardiology	49,019	72,259	15,498	40,298	0	9,566	0	10,604	8,982	0	41,474	0
70.00	Electroencephalography	10,562	15,570	386	4,219	0	1,088	0	0	486	0	1,161	0
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	360,140	0	198,920	0
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	268,083	0	120,933	0
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	20,018,151	4,566,103	0
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	34,409	0	22,283	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
90.01	Clinic - Peds Infusion	45,937	67,716	13,147	40,986	0	6,778	0	326,760	59,250	0	19,375	72,219
90.02	Clinic - HEM/BMT OPD 1B	96,779	142,662	328	89,462	0	10,072	0	240,845	37,952	0	20,013	72,219
90.03	Clinic - Evaluation and Treatment	45,553	67,149	43,237	36,671	0	23,809	0	1,097,102	127,713	0	59,171	261,033
90.04	Clinic - HEM/BMT Infusion	57,162	84,262	41,445	47,291	0	23,360	0	1,101,409	185,263	0	124,576	253,927
90.05	Clinic - Medical Oncology OPD	31,050	45,770	42,485	26,478	0	11,017	0	359,548	168,283	0	31,432	102,238
90.06	Clinic - Medical Oncology Infusion	66,776	98,434	964	57,294	0	19,589	0	972,608	41,087	0	133,064	212,887
90.07	Clinic - Surgical OPD	80,665	118,909	366	73,011	0	8,964	0	249,531	58,206	0	20,818	79,470
90.08	Clinic - Medical Specialties Opd	44,138	65,064	231	39,824	0	6,444	0	239,072	48,074	0	17,199	49,741
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	41,539	61,232	12,086	37,406	0	6,091	0	172,952	34,365	0	20,171	50,031
90.10	Clinic - HEM/BMT OPD 1C	4,864	7,170	308	3,034	0	7,952	0	217,900	32,426	0	20,672	65,983
90.11	Clinic - Surgical OPD 2D	12,206	17,992	15,113	9,909	0	7,561	0	201,977	62,752	0	22,643	61,923
90.12	Clinic - Phase I Infusion Clinic	32,832	48,398	405	29,512	0	8,210	0	314,419	48,463	0	47,501	88,171
90.13	Clinic - Pre Operative Clinic	2,706	3,989	289	1,067	0	6,845	0	168,356	10,956	0	5,955	63,808
90.20	Clinic - A&G Expenses Only	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	38,563	56,846	96	35,344	0	3,217	0	63,695	6,933	0	12,522	19,142
91.00	Emergency	0	0	0	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

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

Provider Name: CITY OF HOPE - HELFORD CLINICAL RESEARCH

Fiscal Period Ended: SEPTEMBER 30, 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
190.00	Gift, Flower, Coffee Shop, & Canteen	16,972	25,018	0	13,938	0	2,272	0	0	0	0	0	0
190.04	Vacant Space	428,311	631,375	0	111,626	0	0	0	0	0	0	0	0
191.00	Research	589,691	869,266	59,931	177,857	0	115,054	0	917,853	465	0	0	0
191.01	Research Grants	16,073	23,693	3,123	3,485	0	71,541	0	0	0	0	0	0
194.00	Beckman Research Institute	3,450,071	5,085,767	137,827	1,010,154	0	813,914	0	0	8,881	0	0	0
194.01	Hope Village	185,088	272,839	74,581	399,236	0	0	0	0	0	0	0	0
194.02	Home Health Case Rate	0	0	0	0	0	0	0	0	0	7,804	0	0
194.03	Visitors Meals	0	0	0	0	0	358,337	0	0	0	0	0	0
194.04	Special Services	82,309	121,332	0	21,168	0	32,869	0	64,816	0	0	0	0
194.05	MOB	221,713	326,829	8,944	165,767	0	9,604	0	0	0	0	0	0
194.07	OMSI	0	0	0	0	0	0	0	0	0	0	0	0
194.08	Genbasix	0	0	0	0	0	0	0	0	0	0	0	0
		0											
	TOTAL	10,008,725	14,577,674	1,959,632	6,192,607	3,432,180	2,780,480	0	31,795,557	5,380,526	20,085,372	11,363,659	2,676,169

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH

Fiscal Period Ended:
SEPTEMBER 30, 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 (Adj 1) 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	Non Patient Telephones											
5.02	Data Processing											
5.03	Purchasing Receiving and Stores											
5.04	Admitting											
5.05	Patient Accounting											
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	473,520	0	0	0	79,881,253	0	79,881,253
31.00	Intensive Care Unit	0	0	0	0	0	0	0	0	18,053,201		18,053,201
32.00	Bone Marrow Transplant	0	0	0	0	0	0	0	0	24,296,136		24,296,136
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	0		0
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	0		0
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH

Fiscal Period Ended:
SEPTEMBER 30, 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 (Adj 1) 25.00	TOTAL COST 26.00
	ANCILLARY COST CENTERS											
50.00	Operating Room	0	0	0	0	81,393	0	0	0	30,324,929	0	30,324,929
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	0		0
54.00	Radiology-Diagnostic	0	0	0	0	52,990	0	0	0	17,454,068	0	17,454,068
55.00	Radiology-Therapeutic	0	0	0	0	0	0	0	0	12,953,318		12,953,318
56.00	Radioisotope	0	0	0	0	0	0	0	0	4,000,044		4,000,044
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0		0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0		0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0		0
60.00	Laboratory	0	0	0	0	0	0	0	0	15,526,381		15,526,381
60.01	Laboratory Blood	0	0	0	0	0	0	0	0	28,120,860		28,120,860
60.02	Laboratory Pathology	0	0	0	0	0	0	0	0	11,945,822		11,945,822
60.03	Laboratory Other	0	0	0	0	0	0	0	0	16,580,993		16,580,993
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	5,345,510		5,345,510
66.01	Rehabilitation	0	0	0	0	0	0	0	0	4,777,968		4,777,968
67.00	Occupational Therapy	0	0	0	0	0	0	0	0	0		0
68.00	Speech Pathology	0	0	0	0	0	0	0	0	0		0
69.00	Electrocardiology	0	0	0	0	0	0	0	0	2,090,117		2,090,117
70.00	Electroencephalography	0	0	0	0	0	0	0	0	214,154		214,154
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	9,030,745		9,030,745
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	6,630,985		6,630,985
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	128,886,462		128,886,462
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	223,750		223,750
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
90.01	Clinic - Peds Infusion	0	0	0	0	0	0	0	0	1,913,118		1,913,118
90.02	Clinic - HEM/BMT OPD 1B	0	0	0	0	0	0	0	0	2,301,562		2,301,562
90.03	Clinic - Evaluation and Treatment	0	0	0	0	0	0	0	0	6,076,174		6,076,174
90.04	Clinic - HEM/BMT Infusion	0	0	0	0	0	0	0	0	6,213,410		6,213,410
90.05	Clinic - Medical Oncology OPD	0	0	0	0	0	0	0	0	2,693,271		2,693,271
90.06	Clinic - Medical Oncology Infusion	0	0	0	0	0	0	0	0	5,249,571		5,249,571
90.07	Clinic - Surgical OPD	0	0	0	0	0	0	0	0	2,341,736		2,341,736
90.08	Clinic - Medical Specialties Opd	0	0	0	0	0	0	0	0	1,535,322		1,535,322
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	0	0	0	0	0	0	0	0	1,510,053		1,510,053
90.10	Clinic - HEM/BMT OPD 1C	0	0	0	0	0	0	0	0	1,591,572		1,591,572
90.11	Clinic - Surgical OPD 2D	0	0	0	0	0	0	0	0	1,615,151		1,615,151
90.12	Clinic - Phase I Infusion Clinic	0	0	0	0	0	0	0	0	2,074,588		2,074,588
90.13	Clinic - Pre Operative Clinic	0	0	0	0	0	0	0	0	1,303,933		1,303,933
90.20	Clinic - A&G Expenses Only	0	0	0	0	0	0	0	0	0		0
90.00	Clinic	0	0	0	0	0	0	0	0	778,980		778,980
91.00	Emergency	0	0	0	0	0	0	0	0	0		0
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH

Fiscal Period Ended:
SEPTEMBER 30, 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 (Adj 1) 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
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	689,578		689,578
190.04	Vacant Space	0	0	0	0	0	0	0	0	1,562,562		1,562,562
191.00	Research	0	0	0	0	0	0	0	0	28,108,072		28,108,072
191.01	Research Grants	0	0	0	0	0	0	0	0	13,507,654		13,507,654
194.00	Beckman Research Institute	0	0	0	0	0	0	0	0	253,847,870		253,847,870
194.01	Hope Village	0	0	0	0	0	0	0	0	985,651		985,651
194.02	Home Health Case Rate	0	0	0	0	0	0	0	0	69,011		69,011
194.03	Visitors Meals	0	0	0	0	0	0	0	0	358,337		358,337
194.04	Special Services	0	0	0	0	0	0	0	0	9,194,351		9,194,351
194.05	MOB	0	0	0	0	0	0	0	0	1,279,499		1,279,499
194.07	OMSI	0	0	0	0	0	0	0	0	0		0
194.08	Genbasix	0	0	0	0	0	0	0	0	1,278		1,278
	TOTAL	0	0	0	0	607,903	0	0	0	763,139,002	0	763,139,002

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

		CAP REL BLDG & FIX (WGHT DEPR) 1.00	CAP REL MOV EQUIP (WGHT DEPR) 2.00	OTHER CAP REL (SQ FT) 3.00	STAT 3.01	STAT 3.02	STAT 3.03	STAT 3.04	STAT 3.05	STAT 3.06	STAT 3.07	STAT 3.08	STAT 3.09
	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	4,400	1,182										
5.01	Non Patient Telephones	13,865	26,105										
5.02	Data Processing	11,828	8,844,977										
5.03	Purchasing Receiving and Stores	3,158	55,263										
5.04	Admitting	146,451	117,232										
5.05	Patient Accounting	4,643	9,673										
5.06													
5.07													
5.08													
5.00	Administrative and General	84,760	1,757,806										
6.00	Maintenance and Repairs	62,803	582,288										
7.00	Operation of Plant	9,851	836,506										
8.00	Laundry and Linen Service	197	993										
9.00	Housekeeping	76,463	100,297										
10.00	Dietary	88,080	89,111										
11.00	Cafeteria	7,036	3,152										
12.00	Maintenance of Personnel												
13.00	Nursing Administration	206,083	96,750										
14.00	Central Services and Supply	181,604	222,810										
15.00	Pharmacy	236,186	189,139										
16.00	Medical Records & Library	7,883	93,784										
17.00	Social Service	21,474											
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)	1,683,348	2,250,319										
31.00	Intensive Care Unit	293,534	360,802										
32.00	Bone Marrow Transplant	578,479	7,211										
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

		CAP REL BLDG & FIX (WGHT DEPR) 1.00	CAP REL MOV EQUIP (WGHT DEPR) 2.00	OTHER CAP REL (SQ FT) 3.00	STAT 3.01	STAT 3.02	STAT 3.03	STAT 3.04	STAT 3.05	STAT 3.06	STAT 3.07	STAT 3.08	STAT 3.09
	ANCILLARY COST CENTERS												
50.00	Operating Room	836,577	2,318,311										
51.00	Recovery Room												
52.00	Labor Room and Delivery Room												
53.00	Anesthesiology												
54.00	Radiology-Diagnostic	412,003	909,945										
55.00	Radiology-Therapeutic	143,943	382,769										
56.00	Radioisotope	104,641	288,566										
57.00	Computed Tomography (CT) Scan												
58.00	Magnetic Resonance Imaging (MRI)												
59.00	Cardiac Catheterization												
60.00	Laboratory	153,215	307,578										
60.01	Laboratory Blood	664,042	407,444										
60.02	Laboratory Pathology	98,795	380,274										
60.03	Laboratory Other	116,601	179,961										
64.00	Intravenous Therapy												
65.00	Respiratory Therapy	111,840	207,922										
66.01	Rehabilitation	38,707	56,360										
67.00	Occupational Therapy												
68.00	Speech Pathology												
69.00	Electrocardiology	77,386	261,800										
70.00	Electroencephalography	10,119	6,984										
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)												
90.01	Clinic - Peds Infusion	47,689	14,505										
90.02	Clinic - HEM/BMT OPD 1B	102,004	14,193										
90.03	Clinic - Evaluation and Treatment	44,347	88,157										
90.04	Clinic - HEM/BMT Infusion	55,076	51,571										
90.05	Clinic - Medical Oncology OPD	30,843	20,591										
90.06	Clinic - Medical Oncology Infusion	67,549	44,293										
90.07	Clinic - Surgical OPD	84,968	47,136										
90.08	Clinic - Medical Specialties Opd	46,334	11,018										
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	43,521	25,539										
90.10	Clinic - HEM/BMT OPD 1C	3,537	12,965										
90.11	Clinic - Surgical OPD 2D	11,557	62,589										
90.12	Clinic - Phase I Infusion Clinic	21,735	17,334										
90.13	Clinic - Pre Operative Clinic	1,264	12,537										
90.20	Clinic - A&G Expenses Only												
90.00	Clinic	41,111	4,040										
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

		CAP REL BLDG & FIX (WGHT DEPR) 1.00	CAP REL MOV EQUIP (WGHT DEPR) 2.00	OTHER CAP REL (SQ FT) 3.00	STAT 3.01	STAT 3.02	STAT 3.03	STAT 3.04	STAT 3.05	STAT 3.06	STAT 3.07	STAT 3.08	STAT 3.09
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												
190.00	Gift, Flower, Coffee Shop, & Canteen	25,762	23,441										
190.04	Vacant Space	174,660											
191.00	Research	164,473	1,149,821										
191.01	Research Grants		5,009										
194.00	Beckman Research Institute	269,050	106,289										
194.01	Hope Village	11,783	154										
194.02	Home Health Case Rate												
194.03	Visitors Meals												
194.04	Special Services	13,811	10,166										
194.05	MOB	244,029											
194.07	OMSI												
194.08	Genbasix												
	TOTAL	7,995,098	23,074,662	0	0	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	16,370,866	25,287,656	0	0	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	2.047613	1.095906	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPI

Fiscal Period Ended:
SEPTEMBER 30, 2011

		EMP BENE (GROSS SALARIES) 4.00	NON PATIENT TELEPHONES (# OF PHONES) 5.01	DATA PROCESSING (MACH TIME) 5.02	PURCH REC & STORE (SUPP. COST) 5.03	ADMITTING (INPATIENT REVENUE) 5.04	PATIENT ACCOUNTING (GROSS REV) 5.05	STAT 5.06	STAT 5.07	STAT 5.08	RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00
	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	Non Patient Telephones												
5.02	Data Processing	167,026	654										
5.03	Purchasing Receiving and Stores	540,713	57	1,080									
5.04	Admitting	1,981,641	49	4,144	49,278								
5.05	Patient Accounting	5,075,899	318	4,905	78,512								
5.06													
5.07													
5.08													
5.00	Administrative and General	6,208,769	420	11,655	2,573,865								
6.00	Maintenance and Repairs	3,317,781	136	2,250	1,309,924							9,148,828	
7.00	Operation of Plant	791,716	11	495	201,626							13,215,953	14,624
8.00	Laundry and Linen Service				452							1,768,548	1,229
9.00	Housekeeping		55	270	12,029							5,560,925	5,015
10.00	Dietary	746,879	7	630	451							2,917,349	9,433
11.00	Cafeteria		34	225	2,897							56,323	17,812
12.00	Maintenance of Personnel											0	
13.00	Nursing Administration	17,486,045	307	10,800	295,463							28,165,732	31,096
14.00	Central Services and Supply	1,271,284	54	360								4,548,146	11,525
15.00	Pharmacy	11,547,720	213	6,860	609,164							17,496,858	21,233
16.00	Medical Records & Library	4,675,176	170	7,290	56,085							9,840,637	12,922
17.00	Social Service	1,582,192	19	1,260	9,636							2,357,141	3,381
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)											555,675	
23.00	Paramedical Ed. Program (specify)											0	
23.01												0	
23.02												0	
	INPATIENT ROUTINE COST CENTERS											0	
30.00	Adults & Pediatrics (Gen Routine)	27,567,155	359	51,744	1,763,780	127,358,839	128,215,564					53,804,198	127,838
31.00	Intensive Care Unit	7,141,865	42	6,048	757,900	38,145,933	38,145,933					12,243,679	18,628
32.00	Bone Marrow Transplant	9,503,382	83	7,896	682,903	62,949,880	62,949,880					15,901,360	36,711
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	

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPI

Fiscal Period Ended:
SEPTEMBER 30, 2011

		EMP BENE (GROSS SALARIES) 4.00	NON PATIENT TELEPHONES (# OF PHONES) 5.01	DATA PROCESSING (MACH TIME) 5.02	PURCH REC & STORE (SUPP. COST) 5.03	ADMITTING (INPATIENT REVENUE) 5.04	PATIENT ACCOUNTING (GROSS REV) 5.05	STAT 5.06	STAT 5.07	STAT 5.08	RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00
	ANCILLARY COST CENTERS											0	
50.00	Operating Room	7,323,775	354	15,900	1,625,966	70,243,173	88,812,423					22,548,237	53,968
51.00	Recovery Room											0	
52.00	Labor Room and Delivery Room											0	
53.00	Anesthesiology											0	
54.00	Radiology-Diagnostic	5,110,174	297	4,500	1,076,160	21,186,458	111,109,899					13,375,064	29,996
55.00	Radiology-Therapeutic	4,343,823	103	3,240	1,449,066	10,279,005	75,671,638					10,422,330	27,048
56.00	Radioisotope	920,844	6	360	851,805	1,145,595	24,468,693					3,171,205	7,443
57.00	Computed Tomography (CT) Scan											0	
58.00	Magnetic Resonance Imaging (MRI)											0	
59.00	Cardiac Catheterization											0	
60.00	Laboratory	4,914,154	20	3,150	1,730,779	79,567,321	171,397,408					12,603,264	17,101
60.01	Laboratory Blood	6,967,696	185	4,950	9,325,583	52,937,008	87,731,309					22,585,762	33,945
60.02	Laboratory Pathology	5,345,181	156	4,545	1,408,891	11,081,286	41,699,257					10,138,534	20,931
60.03	Laboratory Other	4,506,116	107	4,005	3,346,653	9,212,762	24,856,564					14,513,774	13,858
64.00	Intravenous Therapy											0	
65.00	Respiratory Therapy	2,466,097	10	675	147,579	31,239,093	32,985,870					4,389,208	7,217
66.01	Rehabilitation	2,478,143	36	1,215	88,941	9,322,934	11,975,889					3,973,781	10,135
67.00	Occupational Therapy											0	
68.00	Speech Pathology											0	
69.00	Electrocardiology	654,224	5	495	31,475	1,720,673	6,372,452					1,684,126	5,996
70.00	Electroencephalography	81,519	1	315	1,500	69,761	178,362					165,158	1,292
71.00	Medical Supplies Charged to Patients				7,127,233	26,048,308	30,563,671					7,743,842	
72.00	Implantable Devices Charged to Patients				5,299,841	12,230,889	18,581,115					5,705,692	
73.00	Drugs Charged to Patients					345,756,145	701,573,046					95,341,115	
74.00	Renal Dialysis				51,336	3,423,763	3,423,763					152,705	
75.00	ASC (Non-Distinct Part)											0	
76.00	Other Ancillary (specify)											0	
90.01	Clinic - Peds Infusion	674,114	13	364	97,129	221,685	2,976,997					1,152,617	5,619
90.02	Clinic - HEM/BMT OPD 1B	703,320	78	1,579	65,784	112,653	3,074,918					1,454,521	11,838
90.03	Clinic - Evaluation and Treatment	2,560,029	43	1,086	218,728	3,611,732	9,091,588					3,944,035	5,572
90.04	Clinic - HEM/BMT Infusion	2,350,669	66	1,658	301,746	294,000	19,140,925					3,925,736	6,992
90.05	Clinic - Medical Oncology OPD	824,683	52	1,771	265,800	76,406	4,829,510					1,713,881	3,798
90.06	Clinic - Medical Oncology Infusion	2,139,964	22	949	82,782	105,851	20,444,973					3,333,548	8,168
90.07	Clinic - Surgical OPD	721,476	74	1,368	110,628	40,098	3,198,670					1,509,882	9,867
90.08	Clinic - Medical Specialties Opd	446,219	35	1,040	80,333	16,997	2,642,561					937,425	5,399
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	465,181	28	1,221	61,610	73,293	3,099,206					981,892	5,081
90.10	Clinic - HEM/BMT OPD 1C	641,609	34	1,342	59,367	119,593	3,176,178					1,125,477	595
90.11	Clinic - Surgical OPD 2D	545,944	52	1,109	105,308	25,284	3,479,103					1,099,714	1,493
90.12	Clinic - Phase I Infusion Clinic	839,723	8	259	80,125	76,094	7,298,408					1,331,527	4,016
90.13	Clinic - Pre Operative Clinic	653,516	6	437	27,511	31,922	914,910					950,615	331
90.20	Clinic - A&G Expenses Only											0	
90.00	Clinic	185,408	59	892	14,590	69,289	1,924,018					496,004	4,717
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											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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPI

Fiscal Period Ended:
SEPTEMBER 30, 2011

		EMP BENE (GROSS SALARIES) 4.00	NON PATIENT TELEPHONES (# OF PHONES) 5.01	DATA PROCESSING (MACH TIME) 5.02	PURCH REC & STORE (SUPP. COST) 5.03	ADMITTING (INPATIENT REVENUE) 5.04	PATIENT ACCOUNTING (GROSS REV) 5.05	STAT 5.06	STAT 5.07	STAT 5.08	RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00
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	
190.00	Gift, Flower, Coffee Shop, & Canteen	95,736	4	45	300,598							577,133	2,076
190.04	Vacant Space											357,636	52,391
191.00	Research	12,904,053	806	16,740	434,541							23,197,616	72,131
191.01	Research Grants	5,339,693	6	1,170	285,697							12,239,365	1,966
194.00	Beckman Research Institute		1,292		17,893,457							222,434,662	422,013
194.01	Hope Village				5,216							49,276	22,640
194.02	Home Health Case Rate											55,948	
194.03	Visitors Meals											0	
194.04	Special Services	1,722,404	88	3,510	346,279							8,109,635	10,068
194.05	MOB											499,677	27,120
194.07	OMSI											0	
194.08	Genbasix											1,168	
	TOTAL	178,530,730	7,034	197,802	62,804,002	918,793,723	1,746,004,701	0	0	0		697,574,139	1,224,268
	COST TO BE ALLOCATED	48,545,766	1,398,545	27,761,353	2,671,510	3,743,643	12,269,731	0	0	0		65,564,863	10,008,725
	UNIT COST MULTIPLIER - SCH 8	0.271918	198.826382	140.349201	0.042537	0.004075	0.007027	0.000000	0.000000	0.000000		0.093990	8.175273

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HO

Fiscal Period Ended:
SEPTEMBER 30, 2011

		OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (LB LNDRY) 8.00	HOUSE-KEEPING HRS OF SERV 9.00	DIETARY (MEALS SERVED) 10.00	CAFETERIA (PAID FTE'S) 11.00	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY CSTD REQUIS 14.00	PHARMACY (COST REQUIS) 15.00	MED REC (GROSS REVENUE) 16.00	SOC SERV (TIME SPENT) 17.00	OTHER SVC (ASSIGNED TIME) 18.00
	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	Non Patient Telephones												
5.02	Data Processing												
5.03	Purchasing Receiving and Stores												
5.04	Admitting												
5.05	Patient Accounting												
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	1,229											
9.00	Housekeeping	5,015	393										
10.00	Dietary	9,433	36	2,073									
11.00	Cafeteria	17,812	75	298	267,832								
12.00	Maintenance of Personnel												
13.00	Nursing Administration	31,096	181	8,916		14,532							
14.00	Central Services and Supply	11,525		4,213		2,617		1,297					
15.00	Pharmacy	21,233		5,481		9,848			433,521				
16.00	Medical Records & Library	12,922		11,189		7,490							
17.00	Social Service	3,381	2	434		1,966							
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)	127,838	35,017	45,736	105,773	27,270		337,432	1,579,796		128,215,564	6,262	
31.00	Intensive Care Unit	18,628	7,601	6,809	3,623	5,824		85,581	723,257		38,145,933	389	
32.00	Bone Marrow Transplant	36,711	11,550	13,419	13,928	8,552		119,325	635,773		62,949,880	1,785	
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPI

Fiscal Period Ended:
SEPTEMBER 30, 2011

		OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (LB LNDRY) 8.00	HOUSE-KEEPING (HRS OF SERV) 9.00	DIETARY (MEALS SERVED) 10.00	CAFETERIA (PAID FTE'S) 11.00	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00	MED REC (GROSS REVENUE) 16.00	SOC SERV (TIME SPENT) 17.00	OTHER SVC (ASSIGNED TIME) 18.00
	ANCILLARY COST CENTERS												
50.00	Operating Room	53,968	6,306	18,906		8,288		72,500	945,460	194	88,812,423		
51.00	Recovery Room												
52.00	Labor Room and Delivery Room												
53.00	Anesthesiology												
54.00	Radiology-Diagnostic	29,996	7,455	9,941		5,598		8,222	968,717	263,980	111,109,899		
55.00	Radiology-Therapeutic	27,048	4,735	3,425		3,569		6,916	82,033		75,671,638		
56.00	Radioisotope	7,443	29	2,492		818		3,563	36,695		24,468,693		
57.00	Computed Tomography (CT) Scan												
58.00	Magnetic Resonance Imaging (MRI)												
59.00	Cardiac Catheterization												
60.00	Laboratory	17,101	83	3,319		5,921		3,282	32,151		171,397,408		
60.01	Laboratory Blood	33,945	2,560	6,796		7,988		51,616			87,731,309		
60.02	Laboratory Pathology	20,931	171	3,951		6,541		6			41,699,257		
60.03	Laboratory Other	13,858	20	4,026		5,323		3,160			24,856,564		
64.00	Intravenous Therapy												
65.00	Respiratory Therapy	7,217	88	2,608		2,457			143,416		32,985,870		
66.01	Rehabilitation	10,135	934	2,796		2,809			54,685		11,975,889		
67.00	Occupational Therapy												
68.00	Speech Pathology												
69.00	Electrocardiology	5,996	804	1,700		1,002		293	13,401		6,372,452		
70.00	Electroencephalography	1,292	20	178		114			725		178,362		
71.00	Medical Supplies Charged to Patients								537,300		30,563,671		
72.00	Implantable Devices Charged to Patients								399,958		18,581,115		
73.00	Drugs Charged to Patients									89,002,148	701,573,046		
74.00	Renal Dialysis								51,336		3,423,763		
75.00	ASC (Non-Distinct Part)												
76.00	Other Ancillary (specify)												
90.01	Clinic - Peds Infusion	5,619	682	1,729		710		9,029	88,396		2,976,997	498	
90.02	Clinic - HEM/BMT OPD 1B	11,838	17	3,774		1,055		6,655	56,621		3,074,918	498	
90.03	Clinic - Evaluation and Treatment	5,572	2,243	1,547		2,494		30,315	190,538		9,091,588	1,800	
90.04	Clinic - HEM/BMT Infusion	6,992	2,150	1,995		2,447		30,434	276,397		19,140,925	1,751	
90.05	Clinic - Medical Oncology OPD	3,798	2,204	1,117		1,154		9,935	251,065		4,829,510	705	
90.06	Clinic - Medical Oncology Infusion	8,168	50	2,417		2,052		26,875	61,298		20,444,973	1,468	
90.07	Clinic - Surgical OPD	9,867	19	3,080		939		6,895	86,838		3,198,670	548	
90.08	Clinic - Medical Specialties Opd	5,399	12	1,680		675		6,606	71,723		2,642,561	343	
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	5,081	627	1,578		638		4,779	51,270		3,099,206	345	
90.10	Clinic - HEM/BMT OPD 1C	595	16	128		833		6,021	48,377		3,176,178	455	
90.11	Clinic - Surgical OPD 2D	1,493	784	418		792		5,581	93,621		3,479,103	427	
90.12	Clinic - Phase I Infusion Clinic	4,016	21	1,245		860		8,688	72,303		7,298,408	608	
90.13	Clinic - Pre Operative Clinic	331	15	45		717		4,652	16,345		914,910	440	
90.20	Clinic - A&G Expenses Only												
90.00	Clinic	4,717	5	1,491		337		1,760	10,343		1,924,018	132	
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HO

Fiscal Period Ended:
SEPTEMBER 30, 2011

		OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (LB LNDRY) 8.00	HOUSE-KEEPING HRS OF SERV 9.00	DIETARY (MEALS SERVED) 10.00	CAFETERIA (PAID FTE'S) 11.00	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY CSTD REQUIS 14.00	PHARMACY (COST REQUIS) 15.00	MED REC (GROSS REVENUE) 16.00	SOC SERV (TIME SPENT) 17.00	OTHER SVC (ASSIGNED TIME) 18.00
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												
190.00	Gift, Flower, Coffee Shop, & Canteen	2,076		588		238							
190.04	Vacant Space	52,391		4,709									
191.00	Research	72,131	3,109	7,503		12,052		25,362	694				
191.01	Research Grants	1,966	162	147		7,494							
194.00	Beckman Research Institute	422,013	7,150	42,614		85,258			13,249				
194.01	Hope Village	22,640	3,869	16,842									
194.02	Home Health Case Rate									34,697			
194.03	Visitors Meals					37,536							
194.04	Special Services	10,068		893		3,443		1,791					
194.05	MOB	27,120	464	6,993		1,006							
194.07	OMSI												
194.08	Genbasix												
	TOTAL	1,209,644	101,659	261,239	391,156	291,257	0	878,571	8,027,302	89,301,019	1,746,004,701	18,454	0
	COST TO BE ALLOCATED	14,577,674	1,959,632	6,192,607	3,432,180	2,780,480	0	31,795,557	5,380,526	20,085,372	11,363,659	2,676,169	0
	UNIT COST MULTIPLIER - SCH 8	12.051210	19.276519	23.704757	8.774454	9.546485	0.000000	36.190083	0.670278	0.224918	0.006508	145.018354	0.000000

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HO

Fiscal Period Ended:
SEPTEMBER 30, 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
	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	Non Patient Telephones							
5.02	Data Processing							
5.03	Purchasing Receiving and Stores							
5.04	Admitting							
5.05	Patient Accounting							
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)				1,117			
31.00	Intensive Care Unit							
32.00	Bone Marrow Transplant							
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPI

Fiscal Period Ended:
SEPTEMBER 30, 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
	ANCILLARY COST CENTERS							
50.00	Operating Room				192			
51.00	Recovery Room							
52.00	Labor Room and Delivery Room							
53.00	Anesthesiology							
54.00	Radiology-Diagnostic				125			
55.00	Radiology-Therapeutic							
56.00	Radioisotope							
57.00	Computed Tomography (CT) Scan							
58.00	Magnetic Resonance Imaging (MRI)							
59.00	Cardiac Catheterization							
60.00	Laboratory							
60.01	Laboratory Blood							
60.02	Laboratory Pathology							
60.03	Laboratory Other							
64.00	Intravenous Therapy							
65.00	Respiratory Therapy							
66.01	Rehabilitation							
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)							
90.01	Clinic - Peds Infusion							
90.02	Clinic - HEM/BMT OPD 1B							
90.03	Clinic - Evaluation and Treatment							
90.04	Clinic - HEM/BMT Infusion							
90.05	Clinic - Medical Oncology OPD							
90.06	Clinic - Medical Oncology Infusion							
90.07	Clinic - Surgical OPD							
90.08	Clinic - Medical Specialties Opd							
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd							
90.10	Clinic - HEM/BMT OPD 1C							
90.11	Clinic - Surgical OPD 2D							
90.12	Clinic - Phase I Infusion Clinic							
90.13	Clinic - Pre Operative Clinic							
90.20	Clinic - A&G Expenses Only							
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HO

Fiscal Period Ended:
SEPTEMBER 30, 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
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							
190.00	Gift, Flower, Coffee Shop, & Canteen							
190.04	Vacant Space							
191.00	Research							
191.01	Research Grants							
194.00	Beckman Research Institute							
194.01	Hope Village							
194.02	Home Health Case Rate							
194.03	Visitors Meals							
194.04	Special Services							
194.05	MOB							
194.07	OMSI							
194.08	Genbasix							
	TOTAL	0	0	0	1,434	0	0	0
	COST TO BE ALLOCATED	0	0	0	607,903	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	423.921053	0.000000	0.000000	0.000000

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended: SEPTEMBER 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	$ 16,370,866	$ 0	$ 16,370,866
2.00	Capital Related Costs-Movable Equipment	25,287,656	0	25,287,656
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	48,535,461	0	48,535,461
5.01	Non Patient Telephones	1,341,546	0	1,341,546
5.02	Data Processing	17,868,422	0	17,868,422
5.03	Purchasing Receiving and Stores	2,294,541	0	2,294,541
5.04	Admitting	2,183,003	0	2,183,003
5.05	Patient Accounting	10,114,414	0	10,114,414
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	59,947,878	0	59,947,878
6.00	Maintenance and Repairs	7,081,387	0	7,081,387
7.00	Operation of Plant	11,983,532	0	11,983,532
8.00	Laundry and Linen Service	1,767,037	0	1,767,037
9.00	Housekeeping	5,245,101	0	5,245,101
10.00	Dietary	2,346,417	0	2,346,417
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	21,293,571	0	21,293,571
14.00	Central Services and Supply	3,525,165	0	3,525,165
15.00	Pharmacy	12,634,868	0	12,634,868
16.00	Medical Records & Library	7,391,120	0	7,391,120
17.00	Social Service	1,701,916	0	1,701,916
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)	555,675	0	555,675
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)	31,566,631	0	31,566,631
31.00	Intensive Care Unit	7,992,315	0	7,992,315
32.00	Bone Marrow Transplant	10,272,205	0	10,272,205
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended: SEPTEMBER 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	$ 13,021,711	$ 0	$ 13,021,711
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room		0	0
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	8,541,149	0	8,541,149
55.00	Radiology-Therapeutic	7,416,446	0	7,416,446
56.00	Radioisotope	2,125,736	0	2,125,736
57.00	Computed Tomography (CT) Scan		0	0
58.00	Magnetic Resonance Imaging (MRI)		0	0
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	8,567,852	0	8,567,852
60.01	Laboratory Blood	16,924,492	0	16,924,492
60.02	Laboratory Pathology	6,999,024	0	6,999,024
60.03	Laboratory Other	11,914,562	0	11,914,562
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	2,799,675	0	2,799,675
66.01	Rehabilitation	2,855,296	0	2,855,296
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology	937,268	0	937,268
70.00	Electroencephalography	68,608	0	68,608
71.00	Medical Supplies Charged to Patients	7,119,754	0	7,119,754
72.00	Implantable Devices Charged to Patients	5,299,841	0	5,299,841
73.00	Drugs Charged to Patients	89,002,148	0	89,002,148
74.00	Renal Dialysis	112,511	0	112,511
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		0	0
90.01	Clinic - Peds Infusion	776,141	0	776,141
90.02	Clinic - HEM/BMT OPD 1B	776,871	0	776,871
90.03	Clinic - Evaluation and Treatment	2,811,621	0	2,811,621
90.04	Clinic - HEM/BMT Infusion	2,722,891	0	2,722,891
90.05	Clinic - Medical Oncology OPD	1,099,461	0	1,099,461
90.06	Clinic - Medical Oncology Infusion	2,279,606	0	2,279,606
90.07	Clinic - Surgical OPD	854,003	0	854,003
90.08	Clinic - Medical Specialties Opd	534,163	0	534,163
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	536,666	0	536,666
90.10	Clinic - HEM/BMT OPD 1C	709,120	0	709,120
90.11	Clinic - Surgical OPD 2D	663,988	0	663,988
90.12	Clinic - Phase I Infusion Clinic	946,742	0	946,742
90.13	Clinic - Pre Operative Clinic	686,329	0	686,329
90.20	Clinic - A&G Expenses Only		0	0
90.00	Clinic	205,635	0	205,635
91.00	Emergency		0	0
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	$ 508,610,037	$ 0	$ 508,610,037
	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

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: **Fiscal Period Ended:**
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL **SEPTEMBER 30, 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
190.00	Gift, Flower, Coffee Shop, & Canteen	452,763	0	452,763
190.04	Vacant Space		0	0
191.00	Research	15,563,712	0	15,563,712
191.01	Research Grants	10,604,361	0	10,604,361
194.00	Beckman Research Institute	220,749,247	0	220,749,247
194.01	Hope Village	24,758	0	24,758
194.02	Home Health Case Rate	55,948	0	55,948
194.03	Visitors Meals		0	0
194.04	Special Services	7,077,009	0	7,077,009
194.05	MOB		0	0
194.07	OMSI		0	0
194.08	Genbasix	1,168	0	1,168
	SUBTOTAL	$ 254,528,966	$ 0	$ 254,528,966
200	TOTAL	$ 763,139,003	$ 0	$ 763,139,003

(To Schedule 8)

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

		TOTAL ADJ (Page 1 & 2)	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	$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	Non Patient Telephones	0												
5.02	Data Processing	0												
5.03	Purchasing Receiving and Stores	0												
5.04	Admitting	0												
5.05	Patient Accounting	0												
5.06		0												
5.07		0												
5.08		0												
5.00	Administrative and General	0												
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	Bone Marrow Transplant	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												

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

		TOTAL ADJ (Page 1 & 2)	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	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												
58.00	Magnetic Resonance Imaging (MRI)	0												
59.00	Cardiac Catheterization	0												
60.00	Laboratory	0												
60.01	Laboratory Blood	0												
60.02	Laboratory Pathology	0												
60.03	Laboratory Other	0												
64.00	Intravenous Therapy	0												
65.00	Respiratory Therapy	0												
66.01	Rehabilitation	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												
90.01	Clinic - Peds Infusion	0												
90.02	Clinic - HEM/BMT OPD 1B	0												
90.03	Clinic - Evaluation and Treatment	0												
90.04	Clinic - HEM/BMT Infusion	0												
90.05	Clinic - Medical Oncology OPD	0												
90.06	Clinic - Medical Oncology Infusion	0												
90.07	Clinic - Surgical OPD	0												
90.08	Clinic - Medical Specialties Opd	0												
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd	0												
90.10	Clinic - HEM/BMT OPD 1C	0												
90.11	Clinic - Surgical OPD 2D	0												
90.12	Clinic - Phase I Infusion Clinic	0												
90.13	Clinic - Pre Operative Clinic	0												
90.20	Clinic - A&G Expenses Only	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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2011

		TOTAL ADJ (Page 1 & 2)	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	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												
190.00	Gift, Flower, Coffee Shop, & Canteen	0												
190.04	Vacant Space	0												
191.00	Research	0												
191.01	Research Grants	0												
194.00	Beckman Research Institute	0												
194.01	Hope Village	0												
194.02	Home Health Case Rate	0												
194.03	Visitors Meals	0												
194.04	Special Services	0												
194.05	MOB	0												
194.07	OMSI	0												
194.08	Genbasix	0												
200.00	TOTAL	$0	0	0	0	0	0	0	0	0	0	0	0	0
		(To Sch 10)												

Provider Name:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HO

Fiscal Period Ended:
SEPTEMBER 30, 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	Non Patient Telephones													
5.02	Data Processing													
5.03	Purchasing Receiving and Stores													
5.04	Admitting													
5.05	Patient Accounting													
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 (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	Bone Marrow Transplant													
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HO

Fiscal Period Ended:
SEPTEMBER 30, 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													
58.00	Magnetic Resonance Imaging (MRI)													
59.00	Cardiac Catheterization													
60.00	Laboratory													
60.01	Laboratory Blood													
60.02	Laboratory Pathology													
60.03	Laboratory Other													
64.00	Intravenous Therapy													
65.00	Respiratory Therapy													
66.01	Rehabilitation													
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)													
90.01	Clinic - Peds Infusion													
90.02	Clinic - HEM/BMT OPD 1B													
90.03	Clinic - Evaluation and Treatment													
90.04	Clinic - HEM/BMT Infusion													
90.05	Clinic - Medical Oncology OPD													
90.06	Clinic - Medical Oncology Infusion													
90.07	Clinic - Surgical OPD													
90.08	Clinic - Medical Specialties Opd													
90.09	Clinic - HEM/OB/GYN 2A Clinic Opd													
90.10	Clinic - HEM/BMT OPD 1C													
90.11	Clinic - Surgical OPD 2D													
90.12	Clinic - Phase I Infusion Clinic													
90.13	Clinic - Pre Operative Clinic													
90.20	Clinic - A&G Expenses Only													
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:
CITY OF HOPE - HELFORD CLINICAL RESEARCH HO

Fiscal Period Ended:
SEPTEMBER 30, 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													
190.00 Gift, Flower, Coffee Shop, & Canteen													
190.04 Vacant Space													
191.00 Research													
191.01 Research Grants													
194.00 Beckman Research Institute													
194.01 Hope Village													
194.02 Home Health Case Rate													
194.03 Visitors Meals													
194.04 Special Services													
194.05 MOB													
194.07 OMSI													
194.08 Genbasix													
200.00 TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name	Fiscal Period	Provider NPI	Adjustments
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL	OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011	1114109337	10

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 COSTS			
1	8	B	I		30.00	25	Adults and Pediatrics	($473,520)	$473,520	$0
	8	B	I		50.00	25	Operating Room	(81,393)	81,393	0
	8	B	I		54.00	25	Radiology - Diagnostic	(52,990)	52,990	0
							To reverse the provider's post step-down adjustments relating to Interns and Residents teaching costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

Provider Name	Fiscal Period	Provider NPI	Adjustments
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL	OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011	1114109337	10

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			
2	4A	Not Reported					Medi-Cal Adminitrative Days	0	29	29
	4A	Not Reported					Medi-Cal Adminitrative Days Rate	$0.00	$409.48	$409.48
3	6	Not Reported					Medi-Cal Ancillary Charges - Operating Room	$0	$75	$75
	6	Not Reported					Medi-Cal Ancillary Charges - Radiology-Diagnostic	0	27,076	27,076
	6	Not Reported					Medi-Cal Ancillary Charges - Radiology-Therapeutic	0	1,294	1,294
	6	Not Reported					Medi-Cal Ancillary Charges - Radioisotope	0	3,937	3,937
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	26,636	26,636
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory Blood	0	2,625	2,625
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory Pathology	0	748	748
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory Other	0	59	59
	6	Not Reported					Medi-Cal Ancillary Charges - Respiratory Therapy	0	587	587
	6	Not Reported					Medi-Cal Ancillary Charges - Rehabilitation	0	1,703	1,703
	6	Not Reported					Medi-Cal Ancillary Charges - Charged to Patients	0	64,300	64,300
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	129,040	129,040
4	2	Not Reported					Medi-Cal Routine Service Charges	$0	$119,976	$119,976
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	129,040	129,040
5	1	Not Reported					Medi-Cal Interim Payments	$0	$54,458	$54,458

To adjust Medi-Cal Settlement Data to agree with the following
Fiscal Intermediary Payment Data:
Service Period: October 1, 2010 through September 30, 2011
Payment Period: October 1, 2010 through June 30, 2013
Report Date: July 12, 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
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL	OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011	1114109337	10

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 MEI-CAL SETTLEMENT DATA - CONTRACT			
6	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	8,789	(563)	8,226
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,353	2,081	3,434
	Contract 4A	D-1	II	XIX	43.01	4	Medi-Cal Days - Bone Marrow Transplant (BMT)	2,572	(1,936)	636
7	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	$11,537,838	$4,104,001	$15,641,839
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	4,905,837	18,868,294	23,774,131
	Contract 6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	2,888,976	94,162	2,983,138
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	272,899	3,002,426	3,275,325
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	18,512,907	137,397	18,650,304
	Contract 6	D-3		XIX	60.01	2	Medi-Cal Ancillary Charges - Laboratory Blood	12,636,761	(878,317)	11,758,444
	Contract 6	D-3		XIX	60.02	2	Medi-Cal Ancillary Charges - Laboratory Pathology	2,389,000	(41,945)	2,347,055
	Contract 6	D-3		XIX	60.03	2	Medi-Cal Ancillary Charges - Laboratory Other	2,358,468	(2,318,813)	39,655
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	7,202,148	1,409,932	8,612,080
	Contract 6	D-3		XIX	66.01	2	Medi-Cal Ancillary Charges - Rehabilitation	2,010,452	(136,159)	1,874,293
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	396,657	(283,766)	112,891
	Contract 6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	16,952	(1,489)	15,463
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	4,324,248	(3,533,511)	790,737
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	2,591,220	(2,591,220)	0
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	81,705,228	(23,475,655)	58,229,573
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	24,524	85,788	110,312
	Contract 6	D-3		XIX	90.00	2	Medi-Cal Ancillary Charges - Clinic	20,817	(20,817)	0
	Contract 6	D-3		XIX	90.01	2	Medi-Cal Ancillary Charges - Clinic - Peds Infusion	111,344	(103,187)	8,157
	Contract 6	D-3		XIX	90.02	2	Medi-Cal Ancillary Charges - Clinic - HEM/BMT OPD 1B	34,823	(34,823)	0
	Contract 6	D-3		XIX	90.03	2	Medi-Cal Ancillary Charges - Clinic - Evaluation and Treatment	875,048	(872,782)	2,266
	Contract 6	D-3		XIX	90.04	2	Medi-Cal Ancillary Charges - Clinic - HEM/BMT Infusion	80,607	(66,101)	14,506
	Contract 6	D-3		XIX	90.05	2	Medi-Cal Ancillary Charges - Clinic - Medical Oncology OPD	16,104	(15,714)	390
	Contract 6	D-3		XIX	90.06	2	Medi-Cal Ancillary Charges - Clinic - Medical Oncology Infusion	18,332	(12,658)	5,674
	Contract 6	D-3		XIX	90.07	2	Medi-Cal Ancillary Charges - Clinic - Surgical OPD	12,050	(12,050)	0
	Contract 6	D-3		XIX	90.08	2	Medi-Cal Ancillary Charges - Clinic - Medical Specialties OP	3,765	(3,765)	0
	Contract 6	D-3		XIX	90.09	2	Medi-Cal Ancillary Charges - Clinic - HEM/OB/GYN 2A Clinic O	10,430	(10,430)	0
	Contract 6	D-3		XIX	90.10	2	Medi-Cal Ancillary Charges - Clinic - HEM/BMT OPD 1C	32,807	(32,026)	781
	Contract 6	D-3		XIX	90.11	2	Medi-Cal Ancillary Charges - ClinicSurgical OPD 2D	4,212	(4,212)	0
	Contract 6	D-3		XIX	90.12	2	Medi-Cal Ancillary Charges - Clinic - Phase I Infusion Clinic	10,879	(8,453)	2,426

-Continued on next page-

Provider Name	Fiscal Period	Provider NPI	Adjustments
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL	OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011	1114109337	10

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 MEI-CAL SETTLEMENT DATA - CONTRACT			
-Continued from previous page-										
7	Contract 6	D-3		XIX	90.13	2	Medi-Cal Ancillary Charges - Clinic - Pre Operative Clinic	$3,275	($3,275)	$0
	Contract 6	D-3		XIX	202.00	2	Medi-Cal Ancillary Charges - Total	155,008,608	(6,759,168)	148,249,440
8	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Services Charges	$35,904,893	$13,743,026	$49,647,919
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Services Charges	155,008,608	(6,759,168)	148,249,440
9	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	$0	$7,353	$7,353
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	0	62,941	62,941

To adjust Medi-Cal Settlement Data to agree with the following
Fiscal Intermediary Payment Data:
Service Period: October 1, 2010 through September 30, 2011
Payment Period: October 1, 2010 through June 30, 2013
Report Date: July 12, 2013
42 CFR 413.20, 413.24, 413.53, and 433.139
CMS Pub. 15-1, Sections 2304, 2404, and 2408
CCR, Title 22, Section 51541

Provider Name	Fiscal Period	Provider NPI	Adjustments
CITY OF HOPE - HELFORD CLINICAL RESEARCH HOSPITAL	OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011	1114109337	10

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			
10	1	Not Reported					Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1	$0	$79,511	$79,511