

**REPORT  
ON THE  
COST REPORT REVIEW**

**LONG BEACH MEMORIAL MEDICAL CENTER  
LONG BEACH, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1962442012**

**FISCAL PERIOD ENDED  
JUNE 30, 2011**

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

**Section Chief: Maria Delgado  
Audit Supervisor: Cyrus Lam  
Auditor: Ken Lo**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

October 21, 2013

Richard MacIntosh  
Executive Director, Reimbursement  
Memorial Health Services  
17360 Brookhurst Street  
Fountain Valley, CA 92708

LONG BEACH MEMORIAL MEDICAL CENTER  
NATIONAL PROVIDER IDENTIFIER: 1962442012  
FISCAL PERIOD ENDED: JUNE 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 \$28,013, 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

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account

Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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

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

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

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

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

**United States Postal Service (USPS)**

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

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814  
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

Richard MacIntosh  
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If you have questions regarding this report, you may call the Audits Section—Gardena at (310) 516-4757.

**Original Signed By:**

Maria Delgado, Chief  
Audits Section—Gardena  
Financial Audits Branch

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**LONG BEACH MEMORIAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2011**

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1962442012</b>		
Reported	\$ (32,178)	
Net Change	\$ 4,165	
Audited Amount Due Provider (State)	\$ (28,013)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI: 1962442012</b>		
Reported		\$ 37,540,334
Net Change		\$ 2,034,041
Audited Cost		\$ 39,574,375
Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ (28,013)	
<b>9. Total Medi-Cal Cost</b>		\$ 39,574,375

**SUMMARY OF FINDINGS**

**Provider Name:**  
LONG BEACH MEMORIAL MEDICAL CENTER

**Fiscal Period Ended:**  
JUNE 30, 2011

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (28,013)	



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

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

Provider NPI:  
1962442012

	REPORTED	AUDITED
<b>REASONABLE COST OF MEDI-CAL INPATIENT SERVICES</b>		
1. Cost of Covered Services (Schedule 3)	\$ 142,058	\$ 160,518
<b>CHARGES FOR MEDI-CAL INPATIENT SERVICES</b>		
2. Inpatient Routine Service Charges (Adj 6)	\$ 486,639	\$ 593,650
3. Inpatient Ancillary Service Charges (Adj 6)	\$ 423,023	\$ 434,924
4. Total Charges - Medi-Cal Inpatient Services	\$ 909,662	\$ 1,028,574
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 767,604	\$ 868,056
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.



COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
LONG BEACH MEMORIAL MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1962442012

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj )	93,638	93,638
2. Inpatient Days (include private, exclude swing-bed)	93,638	93,638
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	93,638	93,638
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)	\$ 93,743,346	\$ 92,462,461
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)	\$ 93,743,346	\$ 92,462,461

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 228,994,656	\$ 228,994,656
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 228,994,656	\$ 228,994,656
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.409369	\$ 0.403776
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 2,445.53	\$ 2,445.53
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)	\$ 93,743,346	\$ 92,462,461

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,001.13	\$ 987.45
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 89,877
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 89,877

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
LONG BEACH MEMORIAL MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1962442012

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj )	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 33,167,863	\$ 32,920,394
7. Total Inpatient Days (Adj )	16,994	16,994
8. Average Per Diem Cost	\$ 1,951.74	\$ 1,937.18
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>OTHER SERVICES (SPECIFY)</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS (JULY 1, 2010 - JULY 31, 2010)</b>		
21. Per Diem Rate (Adj 3)	\$ 0.00	\$ 381.37
32. Medi-Cal Inpatient Days (Adj 3)	0	22
33. Cost Applicable to Medi-Cal	\$ 0	\$ 8,390
<b>ADMINISTRATIVE DAYS (AUGUST 1, 2010 - JUNE 30, 2011)</b>		
21. Per Diem Rate (Adj 3)	\$ 0.00	\$ 409.48
32. Medi-Cal Inpatient Days (Adj 3)	0	199
33. Cost Applicable to Medi-Cal	\$ 0	\$ 81,487
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 89,877

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

Provider NPI:  
1962442012

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)

## SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1962442012

	TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj )	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST	
<b>ANCILLARY COST CENTERS</b>						
50.00	Operating Room	\$ 24,623,263	\$ 232,073,050	0.106101	\$ 0	\$ 0
51.00	Recovery Room	8,397,994	35,997,093	0.233296	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	5,485,899	39,533,608	0.138765	14,224	1,974
54.01	Ultra Sound	1,244,422	23,440,994	0.053087	4,785	254
55.00	Radiology-Therapeutic	4,851,583	31,167,786	0.155660	0	0
56.00	Radioisotope	1,596,361	18,298,691	0.087239	0	0
57.00	Computed Tomography (CT) Scan	1,783,919	112,523,599	0.015854	0	0
58.00	Magnetic Resonance Imaging (MRI)	1,538,380	33,953,742	0.045308	3,922	178
59.00	Cardiac Catheterization	3,935,979	48,615,680	0.080961	0	0
60.00	Laboratory	20,889,172	170,139,470	0.122777	88,307	10,842
60.01	Laboratory - Pathological	1,649,514	4,950,048	0.333232	0	0
61.00	PBP Clinical Laboratory Services-Program Onl	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	5,985,272	11,521,642	0.519481	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	11,648,608	81,577,044	0.142793	0	0
66.00	Physical Therapy	0	0	0.000000	0	0
66.01	Therapy Services	12,700,939	36,679,599	0.346267	45,966	15,917
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	3,660,036	42,452,823	0.086214	0	0
70.00	Electroencephalography	846,582	1,985,391	0.426406	0	0
71.00	Medical Supplies Charged to Patients	24,973,970	113,910,952	0.219241	0	0
72.00	Implantable Devices Charged to Patients	21,416,779	54,786,252	0.390915	0	0
73.00	Drugs Charged to Patients	27,563,023	184,559,355	0.149345	277,720	41,476
74.00	Renal Dialysis	2,407,497	12,047,766	0.199829	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Gastro Intestinal Services	1,390,666	6,648,846	0.209159	0	0
76.01	Cardiology	4,120,233	4,270,926	0.964716	0	0
76.02	Ophthalmology	146,074	218,870	0.667402	0	0
76.03	Breast Center	4,450,758	24,867,492	0.178979	0	0
76.04	Clinical Nurse Consulant	1,245,241	4,546,149	0.273911	0	0
76.05	Vascular Lab	2,816,812	15,376,185	0.183193	0	0
76.97	Cardiac Rehabilitation	697,422	1,871,303	0.372693	0	0
76.98	Hyperbaric Oxygen Therapy	1,091,681	5,996,381	0.182057	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	6,566,763	4,333,930	1.515198	0	0
90.01	Wound Care	1,566,689	1,783,863	0.878257	0	0
91.00	Emergency	16,972,739	105,830,610	0.160376	0	0
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
	<b>TOTAL</b>	<b>\$ 228,264,271</b>	<b>\$ 1,465,959,140</b>		<b>\$ 434,924</b>	<b>\$ 70,641</b>

(To Schedule 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

Provider NPI:  
1962442012

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 4)	AUDITED
50.00	Operating Room	\$	\$	\$ 0
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	14,224		14,224
54.01	Ultra Sound	4,785		4,785
55.00	Radiology-Therapeutic			0
56.00	Radioisotope			0
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)	3,922		3,922
59.00	Cardiac Catheterization			0
60.00	Laboratory	87,126	1,181	88,307
60.01	Laboratory - Pathological			0
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy			0
66.01	Therapy Services	45,452	514	45,966
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	267,514	10,206	277,720
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Gastro Intestinal Services			0
76.01	Cardiology			0
76.02	Ophthalmology			0
76.03	Breast Center			0
76.04	Clinical Nurse Consulant			0
76.05	Vascular Lab			0
76.97	Cardiac Rehabilitation			0
76.98	Hyperbaric Oxygen Therapy			0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
90.01	Wound Care			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
<b>TOTAL MEDI-CAL ANCILLARY CHARGES</b>		<b>\$ 423,023</b>	<b>\$ 11,901</b>	<b>\$ 434,924</b>

(To Schedule 5)



## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

Provider NPI:  
1962442012

			REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		\$ <u>37,540,334</u>	\$ <u>39,574,375</u>
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)		\$ <u>0</u>	\$ <u>0</u>
3.	Medi-Cal Inpatient Hospital Based Physician Services		\$ <u>0</u>	\$ <u>N/A</u>
4.		\$ \$	<u>0</u>	<u>0</u>
5.	Subtotal (Sum of Lines 1 through 4)		\$ <u>37,540,334</u>	\$ <u>39,574,375</u>
6.		\$ \$	<u>0</u>	<u>0</u>
7.		\$ \$	<u>0</u>	<u>0</u>
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)		\$ <u><u>37,540,334</u></u>	\$ <u><u>39,574,375</u></u>
			(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adj )		\$ <u>0</u>	\$ <u>0</u>
10.	Medi-Cal Credit Balances (Adj )		\$ <u>0</u>	\$ <u>0</u>
11.		\$ \$	<u>0</u>	<u>0</u>
12.		\$ \$	<u>0</u>	<u>0</u>
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
			(To Summary of Findings)	

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

**Provider Name:**  
**LONG BEACH MEMORIAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2011**

**Provider NPI:**  
**1962442012**

	<b>REPORTED</b>	<b>AUDITED</b>
<b>REASONABLE COST OF MEDI-CAL INPATIENT SERVICES</b>		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>38,165,394</u>	\$ <u>40,311,140</u>
<b>CHARGES FOR MEDI-CAL INPATIENT SERVICES</b>		
2. Inpatient Routine Service Charges (Adj 10)	\$ <u>58,037,298</u>	\$ <u>61,829,053</u>
3. Inpatient Ancillary Service Charges (Adj 10)	\$ <u>124,050,091</u>	\$ <u>132,333,361</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>182,087,389</u>	\$ <u>194,162,414</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>143,921,995</u>	\$ <u>153,851,274</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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



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

**Provider Name:**  
**LONG BEACH MEMORIAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2011**

**Provider NPI:**  
**1962442012**

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

	<b>REPORTED</b>	<b>AUDITED</b>
1. Total Inpatient Days (include private & swing-bed) (Adj )	93,638	93,638
2. Inpatient Days (include private, exclude swing-bed)	93,638	93,638
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	93,638	93,638
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 8)	14,658	15,362

**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)	\$ 93,743,346	\$ 92,462,461
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)	\$ 93,743,346	\$ 92,462,461

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj )	\$ 228,994,656	\$ 228,994,656
29. Private Room Charges (excluding swing-bed charges) (Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj )	\$ 228,994,656	\$ 228,994,656
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.409369	\$ 0.403776
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 2,445.53	\$ 2,445.53
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)	\$ 93,743,346	\$ 92,462,461

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,001.13	\$ 987.45
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 14,674,564	\$ 15,169,207
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 5,661,998	\$ 6,214,473
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 20,336,562	\$ 21,383,680

(To Contract Sch 3)

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

**Provider Name:**  
**LONG BEACH MEMORIAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2011**

**Provider NPI:**  
**1962442012**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj )	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 33,167,863	\$ 32,920,394
7. Total Inpatient Days (Adj )	16,994	16,994
3. Average Per Diem Cost	\$ 1,951.74	\$ 1,937.18
4. Medi-Cal Inpatient Days (Adj 8)	2,901	3,208
5. Cost Applicable to Medi-Cal	\$ 5,661,998	\$ 6,214,473
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
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
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>OTHER SERVICES (SPECIFY)</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 5,661,998	\$ 6,214,473
	(To Contract Sch 4)	

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

**Provider Name:**  
**LONG BEACH MEMORIAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2011**

**Provider NPI:**  
**1962442012**

<b>SPECIAL CARE UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
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)

## SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

Provider NPI:  
1962442012

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj )	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
50.00	Operating Room	\$ 24,623,263	\$ 232,073,050	0.106101	\$ 12,608,997	\$ 1,337,832
51.00	Recovery Room	8,397,994	35,997,093	0.233296	1,616,166	377,046
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	5,485,899	39,533,608	0.138765	4,172,257	578,965
54.01	Ultra Sound	1,244,422	23,440,994	0.053087	1,726,998	91,682
55.00	Radiology-Therapeutic	4,851,583	31,167,786	0.155660	1,608,808	250,427
56.00	Radioisotope	1,596,361	18,298,691	0.087239	1,662,608	145,044
57.00	Computed Tomography (CT) Scan	1,783,919	112,523,599	0.015854	9,978,464	158,196
58.00	Magnetic Resonance Imaging (MRI)	1,538,380	33,953,742	0.045308	2,635,848	119,425
59.00	Cardiac Catheterization	3,935,979	48,615,680	0.080961	0	0
60.00	Laboratory	20,889,172	170,139,470	0.122777	19,602,208	2,406,696
60.01	Laboratory - Pathological	1,649,514	4,950,048	0.333232	186,672	62,205
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	5,985,272	11,521,642	0.519481	1,545,414	802,813
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	11,648,608	81,577,044	0.142793	15,271,211	2,180,618
66.00	Physical Therapy	0	0	0.000000	0	0
66.01	Therapy Services	12,700,939	36,679,599	0.346267	2,854,343	988,365
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	3,660,036	42,452,823	0.086214	7,423,064	639,973
70.00	Electroencephalography	846,582	1,985,391	0.426406	746,473	318,300
71.00	Medical Supplies Charged to Patients	24,973,970	113,910,952	0.219241	12,751,778	2,795,715
72.00	Implantable Devices Charged to Patients	21,416,779	54,786,252	0.390915	47,105	18,414
73.00	Drugs Charged to Patients	27,563,023	184,559,355	0.149345	24,687,819	3,687,003
74.00	Renal Dialysis	2,407,497	12,047,766	0.199829	2,187,288	437,084
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Gastro Intestinal Services	1,390,666	6,648,846	0.209159	839,643	175,619
76.01	Cardiology	4,120,233	4,270,926	0.964716	45,910	44,290
76.02	Ophthalmology	146,074	218,870	0.667402	0	0
76.03	Breast Center	4,450,758	24,867,492	0.178979	0	0
76.04	Clinical Nurse Consultant	1,245,241	4,546,149	0.273911	0	0
76.05	Vascular Lab	2,816,812	15,376,185	0.183193	80,226	14,697
76.97	Cardiac Rehabilitation	697,422	1,871,303	0.372693	0	0
76.98	Hyperbaric Oxygen Therapy	1,091,681	5,996,381	0.182057	247,650	45,086
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	6,566,763	4,333,930	1.515198	0	0
90.01	Wound Care	1,566,689	1,783,863	0.878257	0	0
91.00	Emergency	16,972,739	105,830,610	0.160376	7,806,411	1,251,965
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
	<b>TOTAL</b>	<b>\$ 228,264,271</b>	<b>\$ 1,465,959,140</b>		<b>\$ 132,333,361</b>	<b>\$ 18,927,460</b>

(To Contract Sch 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

Provider NPI:  
1962442012

	REPORTED	ADJUSTMENTS (Adj 9)	AUDITED
<b>ANCILLARY CHARGES</b>			
50.00 Operating Room	\$ 11,719,870	\$ 889,127	\$ 12,608,997
51.00 Recovery Room	1,523,933	92,233	1,616,166
52.00 Labor Room and Delivery Room			0
53.00 Anesthesiology			0
54.00 Radiology-Diagnostic	3,936,083	236,174	4,172,257
54.01 Ultra Sound	1,640,585	86,413	1,726,998
55.00 Radiology-Therapeutic	1,537,673	71,135	1,608,808
56.00 Radioisotope	1,572,241	90,367	1,662,608
57.00 Computed Tomography (CT) Scan	9,361,246	617,218	9,978,464
58.00 Magnetic Resonance Imaging (MRI)	2,558,102	77,746	2,635,848
59.00 Cardiac Catheterization			0
60.00 Laboratory	18,321,211	1,280,997	19,602,208
60.01 Laboratory - Pathological	172,643	14,029	186,672
61.00 PBP Clinical Laboratory Services-Program Only			0
62.00 Whole Blood & Packed Red Blood Cells			0
63.00 Blood Storing, Processing, & Trans.	1,433,446	111,968	1,545,414
64.00 Intravenous Therapy			0
65.00 Respiratory Therapy	14,347,687	923,524	15,271,211
66.00 Physical Therapy			0
66.01 Therapy Services	2,641,582	212,761	2,854,343
67.00 Occupational Therapy			0
68.00 Speech Pathology			0
69.00 Electrocardiology	7,168,531	254,533	7,423,064
70.00 Electroencephalography	705,114	41,359	746,473
71.00 Medical Supplies Charged to Patients	12,001,343	750,435	12,751,778
72.00 Implantable Devices Charged to Patients	28,807	18,298	47,105
73.00 Drugs Charged to Patients	22,830,155	1,857,664	24,687,819
74.00 Renal Dialysis	2,003,731	183,557	2,187,288
75.00 ASC (Non-Distinct Part)			0
76.00 Gastro Intestinal Services	792,563	47,080	839,643
76.01 Cardiology	15,983	29,927	45,910
76.02 Ophthalmology			0
76.03 Breast Center			0
76.04 Clinical Nurse Consultant			0
76.05 Vascular Lab	66,227	13,999	80,226
76.97 Cardiac Rehabilitation			0
76.98 Hyperbaric Oxygen Therapy	236,795	10,855	247,650
87.00			0
87.01			0
88.00 Rural Health Clinic (RHC)			0
89.00 Federally Qualified Health Center (FQHC)			0
90.00 Clinic			0
90.01 Wound Care			0
91.00 Emergency	7,434,540	371,871	7,806,411
92.00 Observation Beds			0
93.00 Other Outpatient Services (Specify)			0
93.01			0
93.02			0
93.03			0
93.04			0
<b>TOTAL MEDI-CAL ANCILLARY CHARGES</b>	<b>\$ 124,050,091</b>	<b>\$ 8,283,270</b>	<b>\$ 132,333,361</b>

(To Contract Sch 5)













Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 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	ADMINISTRATIVE & GENERAL 5.00
194.00 Nonpatient Lab	0	1,215,489	0	0	0	0	0	0	0	0	22,834,671	3,357,789
194.01 Center For Health Education	0	52,326	0	0	0	0	0	0	0	0	1,079,694	158,767
194.02 Breast Center	0	61,825	0	0	0	0	0	0	0	0	542,638	79,794
194.03 Cancer Risk/Prev - Health Express	0	13,158	0	0	0	0	0	0	0	0	234,232	34,443
194.04 Property Management - MOB	0	3,487	0	0	0	0	0	0	0	0	1,977,743	290,823
194.05 Occupational Medicine	0	90,158	0	0	0	0	0	0	0	0	1,200,925	176,593
194.06 Physician Services	0	25,612	0	0	0	0	0	0	0	0	310,920	45,720
194.07 Public Relations - Marketing	0	64,084	0	0	0	0	0	0	0	0	1,600,486	235,348
194.08 Senior Services	0	19,256	0	0	0	0	0	0	0	0	414,196	60,907
194.09 MHS - Foundation	0	596	0	0	0	0	0	0	0	0	20,122	2,959
194.10 Retail Pharmacies	0	406,084	0	0	0	0	0	0	0	0	12,700,434	1,867,571
195.00	0	0	0	0	0	0	0	0	0	0	0	0
195.01	0	0	0	0	0	0	0	0	0	0	0	0
195.02	0	0	0	0	0	0	0	0	0	0	0	0
195.03	0	0	0	0	0	0	0	0	0	0	0	0
195.04	0	0	0	0	0	0	0	0	0	0	0	0
196.00	0	0	0	0	0	0	0	0	0	0	0	0
197.00	0	0	0	0	0	0	0	0	0	0	0	0
197.01	0	0	0	0	0	0	0	0	0	0	0	0
198.00	0	0	0	0	0	0	0	0	0	0	0	0
199.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<u>0</u>	<u>27,108,695</u>	<u>0</u>	<u>415,066,597</u>	<u>53,210,194</u>							





Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 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
194.00 Nonpatient Lab	1,319	24,377	0	11,944	0	73,436	0	0	0	0	0	0
194.01 Center For Health Education	39,044	721,845	0	353,680	0	3,161	0	0	0	0	0	0
194.02 Breast Center	0	0	0	0	0	3,735	0	5,719	0	0	0	0
194.03 Cancer Risk/Prev - Health Express	0	0	0	0	0	795	0	0	0	0	0	0
194.04 Property Management - MOB	111,634	2,063,912	0	1,011,249	0	211	0	412	0	0	0	0
194.05 Occupational Medicine	10,472	193,617	0	94,866	0	5,447	0	41	0	0	0	0
194.06 Physician Services	298	5,515	0	2,702	0	1,547	0	0	0	0	0	0
194.07 Public Relations - Marketing	3,478	64,295	0	31,503	0	3,872	0	23,142	0	0	0	0
194.08 Senior Services	341	6,308	0	3,091	0	1,163	0	0	0	0	0	0
194.09 MHS - Foundation	2,068	38,242	0	18,737	0	36	0	0	0	0	0	0
194.10 Retail Pharmacies	6,186	114,360	0	56,033	0	24,534	0	216	0	3,371,118	0	0
195.00	0	0	0	0	0	0	0	0	0	0	0	0
195.01	0	0	0	0	0	0	0	0	0	0	0	0
195.02	0	0	0	0	0	0	0	0	0	0	0	0
195.03	0	0	0	0	0	0	0	0	0	0	0	0
195.04	0	0	0	0	0	0	0	0	0	0	0	0
196.00	0	0	0	0	0	0	0	0	0	0	0	0
197.00	0	0	0	0	0	0	0	0	0	0	0	0
197.01	0	0	0	0	0	0	0	0	0	0	0	0
198.00	0	0	0	0	0	0	0	0	0	0	0	0
199.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>798,616</u>	<u>13,605,694</u>	<u>2,351,721</u>	<u>6,524,700</u>	<u>3,710,132</u>	<u>1,484,814</u>	<u>0</u>	<u>10,222,770</u>	<u>5,713,291</u>	<u>11,478,518</u>	<u>3,086,911</u>	<u>1,673,416</u>





Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 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	TOTAL
										STEP-DOWN ADJUSTMENT 25.00	COST 26.00
194.00 Nonpatient Lab	0	0	0	0	0	0	0	0	26,303,536		26,303,536
194.01 Center For Health Education	0	0	0	0	0	0	0	0	2,356,191		2,356,191
194.02 Breast Center	0	0	0	0	0	0	0	0	631,886		631,886
194.03 Cancer Risk/Prev - Health Express	0	0	0	0	0	0	0	0	269,470		269,470
194.04 Property Management - MOB	0	0	0	0	0	0	0	0	5,455,984		5,455,984
194.05 Occupational Medicine	0	0	0	0	0	0	0	0	1,681,963		1,681,963
194.06 Physician Services	0	0	0	0	0	0	0	0	366,703		366,703
194.07 Public Relations - Marketing	0	0	0	0	0	0	0	0	1,962,123		1,962,123
194.08 Senior Services	0	0	0	0	0	0	0	0	486,006		486,006
194.09 MHS - Foundation	0	0	0	0	0	0	0	0	82,165		82,165
194.10 Retail Pharmacies	0	0	0	0	0	0	0	0	18,140,452		18,140,452
195.00	0	0	0	0	0	0	0	0	0		0
195.01	0	0	0	0	0	0	0	0	0		0
195.02	0	0	0	0	0	0	0	0	0		0
195.03	0	0	0	0	0	0	0	0	0		0
195.04	0	0	0	0	0	0	0	0	0		0
196.00	0	0	0	0	0	0	0	0	0		0
197.00	0	0	0	0	0	0	0	0	0		0
197.01	0	0	0	0	0	0	0	0	0		0
198.00	0	0	0	0	0	0	0	0	0		0
199.00	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	0	300,047	8,092,835	229,324	0	0	415,066,598	0	415,066,598











STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) 4.00 (Adj)	STAT 5.01 (Adj)	STAT 5.02 (Adj)	STAT 5.03 (Adj)	STAT 5.04 (Adj)	STAT 5.05 (Adj)	STAT 5.06 (Adj)	STAT 5.07 (Adj)	STAT 5.08 (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00 (Adj 1)
194.00 Nonpatient Lab	8,042,080										22,834,671	800
194.01 Center For Health Education	346,207										1,079,694	23,689
194.02 Breast Center	409,056										542,638	
194.03 Cancer Risk/Prev - Health Express	87,056										234,232	
194.04 Property Management - MOB	23,069										1,977,743	67,732
194.05 Occupational Medicine	596,517										1,200,925	6,354
194.06 Physician Services	169,459										310,920	181
194.07 Public Relations - Marketing	424,000										1,600,486	2,110
194.08 Senior Services	127,406										414,196	207
194.09 MHS - Foundation	3,944										20,122	1,255
194.10 Retail Pharmacies	2,686,785										12,700,434	3,753
195.00											0	
195.01											0	
195.02											0	
195.03											0	
195.04											0	
196.00											0	
197.00											0	
197.01											0	
198.00											0	
199.00											0	
TOTAL	179,360,102	0	0	0	0	0	0	0	0		361,856,403	484,547
COST TO BE ALLOCATED	27,108,695	0	0	0	0	0	0	0	0		53,210,194	798,616
UNIT COST MULTIPLIER - SCH 8	0.151141	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.147048	1.648171

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	MANT OF PERSONNEL	NURSING ADMIN (NURSE SAL)	CENT SERV & SUPPLY CSTD REQUIS	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TOTAL PAT DAYS)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	(Adj 1)	(Adj)	(Adj 1)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj 1)	(Adj)	(Adj 1)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01												
5.02												
5.03												
5.04												
5.05												
5.06												
5.07												
5.08												
5.00	Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	Laundry and Linen Service											
9.00	4,347											
10.00				13,254								
11.00				3,501								
12.00	Maintenance of Personnel											
13.00	2,571		2,571		5,908,493							
14.00	9,448		9,448		1,589,849		549					
15.00	9,833		9,833		6,741,883		17,160					
16.00	4,322		4,322		1,679,336							
17.00	63		63		1,135,511							
18.00	Other General Service (specify)											
19.00	Nonphysician Anesthetists											
20.00	Nursing School											
21.00	Intern & Res. Service-Salary & Fringes (Approved)											
22.00	2,434		2,434		117,987							
23.00	233		233		161,169							
23.01	Paramedical Ed. Program (specify)											
23.02												
<b>INPATIENT ROUTINE COST CENTERS</b>												
30.00	99,654	93,638	99,654	93,638	46,470,466		31,461,430		245,995,606		93,638	
31.00	18,641	16,994	18,641	16,994	17,551,018		13,504,574		101,514,647		16,994	
32.00	Coronary Care Unit											
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Services (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												



STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	MANT OF PERSONNEL	NURSING ADMIN (NURSE SAL)	CENT SERV & SUPPLY CSTD REQUIS	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TOTAL PAT DAYS)	OTHER SVC (TIME SPENT)
	7.00 (Adj 1)	8.00 (Adj)	9.00 (Adj 1)	10.00 (Adj)	11.00 (Adj)	12.00 (Adj)	13.00 (Adj)	14.00 (Adj)	15.00 (Adj)	16.00 (Adj)	17.00 (Adj)	18.00 (Adj)
194.00 Nonpatient Lab	800		800		8,042,080							
194.01 Center For Health Education	23,689		23,689		346,207							
194.02 Breast Center					409,056		36,636					
194.03 Cancer Risk/Prev - Health Express					87,056							
194.04 Property Management - MOB	67,732		67,732		23,069		2,642					
194.05 Occupational Medicine	6,354		6,354		596,517		265					
194.06 Physician Services	181		181		169,459							
194.07 Public Relations - Marketing	2,110		2,110		424,000		148,248					
194.08 Senior Services	207		207		127,406							
194.09 MHS - Foundation	1,255		1,255		3,944							
194.10 Retail Pharmacies	3,753		3,753		2,686,785		1,383		8,685,505			
195.00												
195.01												
195.02												
195.03												
195.04												
196.00												
197.00												
197.01												
198.00												
199.00												
TOTAL	446,502	110,632	437,015	110,632	162,604,500	0	65,488,444	35,015,905	29,573,785	1,813,469,393	110,632	0
COST TO BE ALLOCATED	13,605,694	2,351,721	6,524,700	3,710,132	1,484,814	0	10,222,770	5,713,291	11,478,518	3,086,910	1,673,416	0
UNIT COST MULTIPLIER - SCH 8	30.471742	21.257149	14.930150	33.535792	0.009131	0.000000	0.156100	0.163163	0.388132	0.001702	15.125967	0.000000

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01							
5.02							
5.03							
5.04							
5.05							
5.06							
5.07							
5.08							
5.00	Administrative and General						
6.00	Maintenance and Repairs						
7.00	Operation of Plant						
8.00	Laundry and Linen Service						
9.00	Housekeeping						
10.00	Dietary						
11.00	Cafeteria						
12.00	Maintenance of Personnel						
13.00	Nursing Administration						
14.00	Central Services and Supply						
15.00	Pharmacy						
16.00	Medical Records & Library						
17.00	Social Service						
18.00	Other General Service (specify)						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Service-Salary & Fringes (Approved)						
22.00	Intern & Res. Other Program Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.01							
23.02							
<b>INPATIENT ROUTINE COST CENTERS</b>							
30.00	Adults & Pediatrics (Gen Routine)		2,690	2,690			
31.00	Intensive Care Unit		100	100			
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Other Services (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:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	23.01 (Adj)	23.02 (Adj)
<b>ANCILLARY COST CENTERS</b>							
50.00			1,575	1,575			
51.00							
52.00							
53.00							
54.00			76	76			
54.01							
55.00							
56.00							
57.00							
58.00							
59.00							
60.00							
60.01			376	376			
61.00							
62.00							
63.00							
64.00							
65.00							
66.00							
66.01							
67.00							
68.00							
69.00							
70.00							
71.00							
72.00							
73.00					100		
74.00							
75.00							
76.00							
76.01							
76.02							
76.03							
76.04							
76.05							
76.97							
76.98							
87.00							
87.01							
88.00							
89.00							
90.00			1,765	1,765			
90.01							
91.00			347	347			
92.00							
93.00							
93.01							
93.02							
93.03							
93.04							
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00							
191.00							
192.00							
193.00							
193.01							
193.02							
193.03							
193.04							

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	23.01 (Adj)	23.02 (Adj)
194.00 Nonpatient Lab							
194.01 Center For Health Education							
194.02 Breast Center							
194.03 Cancer Risk/Prev - Health Express							
194.04 Property Management - MOB							
194.05 Occupational Medicine							
194.06 Physician Services							
194.07 Public Relations - Marketing							
194.08 Senior Services							
194.09 MHS - Foundation							
194.10 Retail Pharmacies							
195.00							
195.01							
195.02							
195.03							
195.04							
196.00							
197.00							
197.01							
198.00							
199.00							
TOTAL	0	0	6,929	6,929	100	0	0
COST TO BE ALLOCATED	0	0	300,047	8,092,835	229,324	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	43.303090	1167.965760	2293.244010	0.000000	0.000000

## TRIAL BALANCE OF EXPENSES

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 5,217,618	\$ 0	\$ 5,217,618
2.00	Capital Related Costs-Movable Equipment	905,075	0	905,075
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	27,039,488	0	27,039,488
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	50,645,414	0	50,645,414
6.00	Maintenance and Repairs	616,285	0	616,285
7.00	Operation of Plant	11,099,538	0	11,099,538
8.00	Laundry and Linen Service	1,878,472	0	1,878,472
9.00	Housekeeping	5,485,154	0	5,485,154
10.00	Dietary	2,444,213	0	2,444,213
11.00	Cafeteria	1,110,559	0	1,110,559
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	7,837,137	0	7,837,137
14.00	Central Services and Supply	4,231,541	0	4,231,541
15.00	Pharmacy	8,415,501	0	8,415,501
16.00	Medical Records & Library	2,196,959	0	2,196,959
17.00	Social Service	1,274,918	0	1,274,918
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)	229,025	0	229,025
22.00	Intern & Res. Other Program Costs (Approved)	6,908,730	0	6,908,730
23.00	Paramedical Ed. Program (specify)	162,044	0	162,044
23.01			0	0
23.02			0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
30.00	Adults & Pediatrics (Gen Routine)	54,785,757	0	54,785,757
31.00	Intensive Care Unit	21,798,550	0	21,798,550
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Services (specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 15,445,233	\$ 0	\$ 15,445,233
51.00	Recovery Room	5,599,925	0	5,599,925
52.00	Labor Room and Delivery Room		0	0
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	4,035,550	0	4,035,550
54.01	Ultra Sound	797,611	0	797,611
55.00	Radiology-Therapeutic	3,281,529	0	3,281,529
56.00	Radioisotope	1,046,658	0	1,046,658
57.00	Computed Tomography (CT) Scan	1,206,521	0	1,206,521
58.00	Magnetic Resonance Imaging (MRI)	1,162,851	0	1,162,851
59.00	Cardiac Catheterization	2,622,154	0	2,622,154
60.00	Laboratory	16,007,821	0	16,007,821
60.01	Laboratory - Pathological	748,351	0	748,351
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, & Trans.	4,863,944	0	4,863,944
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	8,684,347	0	8,684,347
66.00	Physical Therapy		0	0
66.01	Therapy Services	8,639,985	0	8,639,985
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology	2,675,674	0	2,675,674
70.00	Electroencephalography	540,025	0	540,025
71.00	Medical Supplies Charged to Patients	18,937,513	0	18,937,513
72.00	Implantable Devices Charged to Patients	16,274,881	0	16,274,881
73.00	Drugs Charged to Patients	16,487,665	0	16,487,665
74.00	Renal Dialysis	2,072,790	0	2,072,790
75.00	ASC (Non-Distinct Part)		0	0
76.00	Gastro Intestinal Services	947,935	0	947,935
76.01	Cardiology	3,097,374	0	3,097,374
76.02	Ophthalmology	42,510	0	42,510
76.03	Breast Center	3,569,301	0	3,569,301
76.04	Clinical Nurse Consultant	918,082	0	918,082
76.05	Vascular Lab	2,066,380	0	2,066,380
76.97	Cardiac Rehabilitation	407,336	0	407,336
76.98	Hyperbaric Oxygen Therapy	714,064	0	714,064
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic	2,835,481	0	2,835,481
90.01	Wound Care	1,116,747	0	1,116,747
91.00	Emergency	11,313,198	0	11,313,198
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
	<b>SUBTOTAL</b>	<b>\$ 372,441,414</b>	<b>\$ 0</b>	<b>\$ 372,441,414</b>
	<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	Gift, Flower, Coffee Shop, & Canteen		0	0
191.00	Research	2,882,340	0	2,882,340
192.00	Physicians' Private Offices		0	0
193.00	Nonpaid Workers		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
193.01			0	0
193.02			0	0
193.03			0	0
193.04			0	0
194.00	Nonpatient Lab	21,609,973	0	21,609,973
194.01	Center For Health Education	754,674	0	754,674
194.02	Breast Center	480,813	0	480,813
194.03	Cancer Risk/Prev - Health Express	221,074	0	221,074
194.04	Property Management - MOB	1,194,565	0	1,194,565
194.05	Occupational Medicine	1,037,623	0	1,037,623
194.06	Physician Services	283,224	0	283,224
194.07	Public Relations - Marketing	1,512,113	0	1,512,113
194.08	Senior Services	392,557	0	392,557
194.09	MHS - Foundation	5,079	0	5,079
194.10	Retail Pharmacies	12,251,148	0	12,251,148
195.00			0	0
195.01			0	0
195.02			0	0
195.03			0	0
195.04			0	0
196.00			0	0
197.00			0	0
197.01			0	0
198.00			0	0
199.00			0	0
	SUBTOTAL	\$ 42,625,183	\$ 0	\$ 42,625,183
200	TOTAL	\$ 415,066,597	\$ 0	\$ 415,066,597

(To Schedule 8)





Provider Name:

Fiscal Period Ended:

LONG BEACH MEMORIAL MEDICAL CENTER

JUNE 30, 2011

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ										
194.00 Nonpatient Lab	0											
194.01 Center For Health Education	0											
194.02 Breast Center	0											
194.03 Cancer Risk/Prev - Health Express	0											
194.04 Property Management - MOB	0											
194.05 Occupational Medicine	0											
194.06 Physician Services	0											
194.07 Public Relations - Marketing	0											
194.08 Senior Services	0											
194.09 MHS - Foundation	0											
194.10 Retail Pharmacies	0											
195.00	0											
195.01	0											
195.02	0											
195.03	0											
195.04	0											
196.00	0											
197.00	0											
197.01	0											
198.00	0											
199.00	0											
200.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)





Provider Name:  
LONG BEACH MEMORIAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2011

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ											
194.00 Nonpatient Lab	0												
194.01 Center For Health Education	0												
194.02 Breast Center	0												
194.03 Cancer Risk/Prev - Health Express	0												
194.04 Property Management - MOB	0												
194.05 Occupational Medicine	0												
194.06 Physician Services	0												
194.07 Public Relations - Marketing	0												
194.08 Senior Services	0												
194.09 MHS - Foundation	0												
194.10 Retail Pharmacies	0												
195.00	0												
195.01	0												
195.02	0												
195.03	0												
195.04	0												
196.00	0												
197.00	0												
197.01	0												
198.00	0												
199.00	0												
200.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name							Fiscal Period			Provider NPI		Adjustments
LONG BEACH MEMORIAL MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011			1962442012		11
Report References										As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments					
<u>ADJUSTMENT TO REPORTED STATISTICS</u>												
1	9	B-1	I		194.04	1,2,6,7,9	Property Management - MOB	(Square Feet)		0	67,732	67,732
	9	B-1	I		N/A	1,2,6,7,9	Total - Square Feet		464,148	67,732	531,880	
To reconcile square footage to agree with the provider's square footage statistics. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304, 2306 and 2328												

Provider Name							Fiscal Period			Provider NPI		Adjustments
LONG BEACH MEMORIAL MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011			1962442012		11
Report References										As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments					
<u>ADJUSTMENT TO REPORTED COSTS</u>												
2	3	E-3	VII	XIX	3.00	1	Organ Acquisition To eliminate the provider's reported Organ Acquisition costs for proper cost finding. 42 CFR 413.20 and 413.24 CMS Pub 15-1, Sections 2300 and 2304		\$72,711	(\$72,711)	\$0	

Provider Name			Fiscal Period				Provider NPI		Adjustments	
LONG BEACH MEMORIAL MEDICAL CENTER			JULY 1, 2010 THOUGHT JUNE 30, 2011				1962442012		11	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>										
3	4A	Not Reported					Medi-Cal Days - Administrative Rate (July 1, 2010 - July 31, 2010)	\$0	\$381.37	\$381.37
	4A	Not Reported					Medi-Cal Days - Administrative Days (July 1, 2010 - July 31, 2010)	0	22	22
	4A	Not Reported					Medi-Cal Days - Administrative Rate (August 1, 2010 - June 30, 2011)	0	409.48	409.48
	4A	Not Reported					Medi-Cal Days - Administrative Days (August 1, 2010 - June 30, 2011)	0	199	199
4	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	\$87,126	\$1,181	\$88,307
	6	D-3		XIX	66.01	2	Medi-Cal Ancillary Charges - Therapy Services	45,452	514	45,966
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	267,514	10,206	277,720
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	423,023	11,901	434,924
5	3	E-3	VII	XIX	33.00	1	Coinsurance	\$0	\$176	\$176
6	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$486,639	\$107,011	\$593,650
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	423,023	11,901	434,924
7	1	E-3	VII	XIX	41.00	1	Interim Payments	\$174,236	\$14,119	\$188,355
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following                      Fiscal Intermediary Payment Data:                      Service Period: July 1, 2010 through June 30, 2011                      Payment Period: July 1, 2010 through June 30, 2013                      Report Date: July 1, 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</p>										

Provider Name			Fiscal Period				Provider NPI		Adjustments	
LONG BEACH MEMORIAL MEDICAL CENTER			JULY 1, 2010 THOUGHT JUNE 30, 2011				1962442012		11	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>										
8	4	D-1	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	14,658	704	15,362	
	4A	D-1	V	43.00	4	Medi-Cal Days - Intensive Care Unit	2,901	307	3,208	
9	6	D-3	V	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$11,719,870	\$889,127	\$12,608,997	
	6	D-3	V	51.00	2	Medi-Cal Ancillary Charges - Recovery Room	1,523,933	92,233	1,616,166	
	6	D-3	V	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	3,936,083	236,174	4,172,257	
	6	D-3	V	54.01	2	Medi-Cal Ancillary Charges - Ultrasonography	1,640,585	86,413	1,726,998	
	6	D-3	V	55.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	1,537,673	71,135	1,608,808	
	6	D-3	V	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	1,572,241	90,367	1,662,608	
	6	D-3	V	57.00	2	Medi-Cal Ancillary Charges - CAT Scan	9,361,246	617,218	9,978,464	
	6	D-3	V	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	2,558,102	77,746	2,635,848	
	6	D-3	V	60.00	2	Medi-Cal Ancillary Charges - Laboratory	18,321,211	1,280,997	19,602,208	
	6	D-3	V	60.01	2	Medi-Cal Ancillary Charges - Laboratory - Pathological	172,643	14,029	186,672	
	6	D-3	V	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing & Trans.	1,433,446	111,968	1,545,414	
	6	D-3	V	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	14,347,687	923,524	15,271,211	
	6	D-3	V	66.01	2	Medi-Cal Ancillary Charges - Therapy Services	2,641,582	212,761	2,854,343	
	6	D-3	V	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	7,168,531	254,533	7,423,064	
	6	D-3	V	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	705,114	41,359	746,473	
	6	D-3	V	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	12,001,343	750,435	12,751,779	
	6	D-3	V	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	28,807	18,298	47,105	
	6	D-3	V	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	22,830,155	1,857,664	24,687,819	
	6	D-3	V	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	2,003,731	183,557	2,187,288	
	6	D-3	V	76.00	2	Medi-Cal Ancillary Charges - Gastro Intestinal Services	792,563	47,080	839,643	
	6	D-3	V	76.01	2	Medi-Cal Ancillary Charges - Cardiology	15,983	29,927	45,910	
	6	D-3	V	76.05	2	Medi-Cal Ancillary Charges - Vascular Laboratory	66,227	13,999	80,226	
	6	D-3	V	76.98	2	Medi-Cal Ancillary Charges - Hyperbaric Oxygen Therapy	236,795	10,855	247,650	
	6	D-3	V	91.00	2	Medi-Cal Ancillary Charges - Emergency	7,434,540	371,871	7,806,411	
	6	D-3	V	200.00	2	Medi-Cal Ancillary Charges - Total	124,050,091	8,283,270	132,333,361	

Provider Name							Fiscal Period		Provider NPI		Adjustments
LONG BEACH MEMORIAL MEDICAL CENTER							JULY 1, 2010 THOUGHT JUNE 30, 2011		1962442012		11
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>											
10	2	E-3	VII	V	8.00	1	Medi-Cal Routine Service Charges	\$58,037,298	\$3,791,755	\$61,829,053	
	2	E-3	VII	V	9.00	1	Medi-Cal Ancillary Service Charges	124,050,091	8,283,270	132,333,361	
11	3	E-3	VII	V	32.00	1	Medi-Cal Deductibles	\$84,409	\$13,940	\$98,349	
	3	E-3	VII	V	33.00	1	Medi-Cal Coinsurance	540,651	97,765	638,416	
							To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through June 30, 2013 Report Date: July 1, 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				