

**REPORT
ON THE
COST REPORT REVIEW**

**MONTEREY PARK HOSPITAL
MONTEREY PARK, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1780676221**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Henry Kwan
Auditor: William Zhu**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

September 18, 2013

Linda Marsh
Senior Vice President
AHMC Healthcare, Inc.
1000 South Fremont Avenue
Building A-9 East, 6th Floor, Unit 6
Alhambra, California 91803

MONTEREY PARK HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1780676221
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 \$7,841, 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(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)

Linda Marsh
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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—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1780676221 Reported	\$ 0	
Net Change	\$ (7,841)	
Audited Amount Due Provider (State)	\$ (7,841)	
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: 1780676221 Reported		\$ 12,988,835
Net Change		\$ (4,394,611)
Audited Cost		\$ 8,594,224
Audited Amount Due Provider (State)	\$ 0	
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)	\$ (7,841)	
9. Total Medi-Cal Cost		\$ 8,594,224

SUMMARY OF FINDINGS

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 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 (State) - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (7,841)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 8,659
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	\$ 0
4.	\$	\$ 0	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 0	\$ 8,659
6. Interim Payments (Adj 16)		\$ 0	\$ (16,500)
7. Balance Due Provider (State)		\$ 0	\$ (7,841)
8. Duplicate Payments (Adj)		\$ 0	\$ 0
9.	\$	\$ 0	\$ 0
10.	\$	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (7,841)

(To Summary of Findings)

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

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u> 0</u>	\$ <u> 8,714</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 14)	\$ <u> 0</u>	\$ <u> 19,854</u>
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3. Inpatient Ancillary Service Charges (Adj 14)	\$ <u> 0</u>	\$ <u> 72,732</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u> 0</u>	\$ <u> 92,586</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u> 0</u>	\$ <u> 83,872</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u> 0</u>	\$ <u> 0</u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MONTEREY PARK HOSPITALFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1780676221

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	15,333	15,333
2. Inpatient Days (include private, exclude swing-bed)	15,333	15,333
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	15,333	15,333
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 17,620,327	\$ 12,416,765
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 17,620,327	\$ 12,416,765

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 57,245,459	\$ 57,245,459
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 57,245,459	\$ 57,245,459
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.307803	\$ 0.216904
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)	\$ 3,733.48	\$ 3,733.48
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 17,620,327	\$ 12,416,765

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,149.18	\$ 809.81
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 4,918
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 4,918

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 1,653,108	\$ 1,169,044
2. Total Inpatient Days (Adj)	4,013	4,013
3. Average Per Diem Cost	\$ 411.94	\$ 291.31
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 2,686,310	\$ 1,924,680
7. Total Inpatient Days (Adj)	1,187	1,187
8. Average Per Diem Cost	\$ 2,263.11	\$ 1,621.47
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
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
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 (JULY 2010 - AUGUST 2010)		
21. Per Diem Rate (Adj 12)	\$ 0.00	\$ 351.26
32. Medi-Cal Inpatient Days (Adj 12)	0	10
33. Cost Applicable to Medi-Cal	\$ 0	\$ 3,513
ADMINISTRATIVE DAYS (DECEMBER 2010)		
21. Per Diem Rate (Adj 12)	\$ 0.00	\$ 351.26
32. Medi-Cal Inpatient Days (Adj 12)	0	4
33. Cost Applicable to Medi-Cal	\$ 0	\$ 1,405
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 4,918

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

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:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

		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	\$ 3,942,639	\$ 36,629,238	0.107636	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	2,379,300	10,771,559	0.220887	0	0
53.00	Anesthesiology	73,576	6,718,902	0.010951	0	0
54.00	Radiology-Diagnostic	2,315,011	24,649,445	0.093917	11,050	1,038
54.02	Ultrasound	574,842	11,027,805	0.052127	0	0
54.03	Endoscopy	535,185	7,162,926	0.074716	0	0
54.04	Computed Tomography (CT) Scan	0	0	0.000000	0	0
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	238,873	1,923,727	0.124172	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	2,731,998	76,426,606	0.035747	20,210	722
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.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	1,252,851	26,749,223	0.046837	0	0
66.00	Physical Therapy	209,539	2,184,093	0.095939	0	0
67.00	Occupational Therapy	8,064	100,853	0.079962	0	0
68.00	Speech Pathology	8,875	44,801	0.198088	0	0
69.00	Electrocardiology	225,298	6,842,717	0.032925	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	3,694,558	43,995,767	0.083975	0	0
72.00	Implantable Devices Charged to Patients	1,247,820	15,864,868	0.078653	0	0
73.00	Drugs Charged to Patients	3,153,307	64,240,932	0.049086	41,472	2,036
74.00	Renal Dialysis	298,888	3,484,121	0.085786	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
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	2,905,529	16,657,727	0.174425	0	0
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
TOTAL		\$ 25,796,154	\$ 355,475,310		\$ 72,732	\$ 3,796

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 13)	AUDITED
50.00	Operating Room	\$ 0	\$	\$ 0
51.00	Recovery Room	0		0
52.00	Delivery Room and Labor Room	0		0
53.00	Anesthesiology	0		0
54.00	Radiology-Diagnostic	0	11,050	11,050
54.02	Ultrasound	0		0
54.03	Endoscopy	0		0
54.04	Computed Tomography (CT) Scan	0		0
55.00	Radiology-Therapeutic	0		0
56.00	Radioisotope	0		0
57.00	Computed Tomography (CT) Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	0		0
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	0	20,210	20,210
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.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	0		0
66.00	Physical Therapy	0		0
67.00	Occupational Therapy	0		0
68.00	Speech Pathology	0		0
69.00	Electrocardiology	0		0
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	0		0
72.00	Implantable Devices Charged to Patients	0		0
73.00	Drugs Charged to Patients	0	41,472	41,472
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Other Ancillary (specify)	0		0
80.00		0		0
81.00		0		0
82.00		0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
87.00		0		0
87.01		0		0
88.00	Rural Health Clinic (RHC)	0		0
89.00	Federally Qualified Health Center (FQHC)	0		0
90.00	Clinic	0		0
91.00	Emergency	0		0
92.00	Observation Beds	0		0
93.00	Other Outpatient Services (Specify)	0		0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 72,732	\$ 72,732

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		\$ <u>12,988,835</u>	\$ <u>8,594,224</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>0</u>
4.	\$	\$ <u>0</u>	<u>0</u>
5. Subtotal (Sum of Lines 1 through 4)		\$ <u>12,988,835</u>	\$ <u>8,594,224</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>12,988,835</u></u>	\$ <u><u>8,594,224</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:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>13,179,072</u>	\$ <u>8,926,071</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 19)	\$ <u>18,440,203</u>	\$ <u>17,109,320</u>
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3. Inpatient Ancillary Service Charges (Adj 19)	\$ <u>60,825,056</u>	\$ <u>57,606,826</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>79,265,259</u>	\$ <u>74,716,146</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>66,086,187</u>	\$ <u>65,790,075</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	15,333	15,333
2. Inpatient Days (include private, exclude swing-bed)	15,333	15,333
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	15,333	15,333
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 17)	4,739	4,558

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)	\$ 17,620,327	\$ 12,416,765
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 17,620,327	\$ 12,416,765

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 57,245,459	\$ 57,245,459
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 57,245,459	\$ 57,245,459
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.307803	\$ 0.216904
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)	\$ 3,733.48	\$ 3,733.48
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 17,620,327	\$ 12,416,765

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,149.18	\$ 809.81
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 5,445,964	\$ 3,691,114
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 1,582,577	\$ 1,201,964
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 7,028,541	\$ 4,893,078

(To Contract Sch 3)

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

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 1,653,108	\$ 1,169,044
2. Total Inpatient Days (Adj)	4,013	4,013
3. Average Per Diem Cost	\$ 411.94	\$ 291.31
4. Medi-Cal Inpatient Days (Adj 17)	2,309	2,395
5. Cost Applicable to Medi-Cal	\$ 951,169	\$ 697,687
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 2,686,310	\$ 1,924,680
7. Total Inpatient Days (Adj)	1,187	1,187
3. Average Per Diem Cost	\$ 2,263.11	\$ 1,621.47
4. Medi-Cal Inpatient Days (Adj 17)	279	311
5. Cost Applicable to Medi-Cal	\$ 631,408	\$ 504,277
CORONARY CARE UNIT		
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
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 1,582,577	\$ 1,201,964
	(To Contract Sch 4)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

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)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
50.00	Operating Room	\$ 3,942,639	\$ 36,629,238	0.107636	\$ 5,837,541	\$ 628,332
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	2,379,300	10,771,559	0.220887	2,110,863	466,263
53.00	Anesthesiology	73,576	6,718,902	0.010951	1,189,152	13,022
54.00	Radiology-Diagnostic	2,315,011	24,649,445	0.093917	1,794,286	168,515
54.02	Ultrasound	574,842	11,027,805	0.052127	1,225,440	63,878
54.03	Endoscopy	535,185	7,162,926	0.074716	234,369	17,511
54.04	Computed Tomography (CT) Scan	0	0	0.000000	0	0
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	238,873	1,923,727	0.124172	105,805	13,138
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	2,731,998	76,426,606	0.035747	12,872,115	460,136
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.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	1,252,851	26,749,223	0.046837	4,203,503	196,879
66.00	Physical Therapy	209,539	2,184,093	0.095939	163,215	15,659
67.00	Occupational Therapy	8,064	100,853	0.079962	1,084	87
68.00	Speech Pathology	8,875	44,801	0.198088	13,069	2,589
69.00	Electrocardiology	225,298	6,842,717	0.032925	1,189,962	39,180
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	3,694,558	43,995,767	0.083975	12,023,368	1,009,666
72.00	Implantable Devices Charged to Patients	1,247,820	15,864,868	0.078653	1,374,079	108,075
73.00	Drugs Charged to Patients	3,153,307	64,240,932	0.049086	11,458,763	562,461
74.00	Renal Dialysis	298,888	3,484,121	0.085786	543,161	46,596
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	2,905,529	16,657,727	0.174425	1,267,051	221,006
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 25,796,154	\$ 355,475,310		\$ 57,606,826	\$ 4,032,993

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1780676221

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 18)	AUDITED
50.00	Operating Room	\$ 5,743,677	\$ 93,864	\$ 5,837,541
51.00	Recovery Room	0		0
52.00	Delivery Room and Labor Room	3,225,187	(1,114,324)	2,110,863
53.00	Anesthesiology	1,244,883	(55,731)	1,189,152
54.00	Radiology-Diagnostic	1,633,531	160,755	1,794,286
54.02	Ultrasound	938,294	287,146	1,225,440
54.03	Endoscopy	285,113	(50,744)	234,369
54.04	Computed Tomography (CT) Scan	0		0
55.00	Radiology-Therapeutic	0		0
56.00	Radioisotope	0		0
57.00	Computed Tomography (CT) Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	297,344	(191,539)	105,805
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	10,193,339	2,678,776	12,872,115
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.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	7,146,062	(2,942,559)	4,203,503
66.00	Physical Therapy	275,174	(111,959)	163,215
67.00	Occupational Therapy	3,506	(2,422)	1,084
68.00	Speech Pathology	17,288	(4,219)	13,069
69.00	Electrocardiology	864,132	325,830	1,189,962
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	10,852,376	1,170,992	12,023,368
72.00	Implantable Devices Charged to Patients	0	1,374,079	1,374,079
73.00	Drugs Charged to Patients	13,975,581	(2,516,818)	11,458,763
74.00	Renal Dialysis	848,259	(305,098)	543,161
75.00	ASC (Non-Distinct Part)	0		0
76.00	Other Ancillary (specify)	0		0
80.00		0		0
81.00		0		0
82.00		0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
87.00		0		0
87.01		0		0
88.00	Rural Health Clinic (RHC)	0		0
89.00	Federally Qualified Health Center (FQHC)	0		0
90.00	Clinic	0		0
91.00	Emergency	3,281,310	(2,014,259)	1,267,051
92.00	Observation Beds	0		0
93.00	Other Outpatient Services (Specify)	0		0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 60,825,056	\$ (3,218,230)	\$ 57,606,826

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	NONPAT PHONES 5.01	DATA PROCESS 5.02	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	ALLOC COST 0.00	ALLOC COST 0.00	ALLOC COST 0.00	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.06
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
194.05 Public Relations	0	0	0	0	0	0	0	0	0	0	133,111	9,729
TOTAL	<u>0</u>	<u>285,966</u>	<u>131,994</u>	<u>442,914</u>	<u>248,029</u>	<u>908,169</u>	<u>1,241,704</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>41,449,482</u>	<u>2,823,209</u>

Provider Name:
MONTEREY PARK HOSPITAL

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
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
194.05 Public Relations	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>778,881</u>	<u>1,039,304</u>	<u>230,924</u>	<u>783,465</u>	<u>1,255,609</u>	<u>563,042</u>	<u>0</u>	<u>1,846,948</u>	<u>309,132</u>	<u>2,390,426</u>	<u>1,114,383</u>	<u>0</u>

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	OTHER GEN SVC	NONPHYSICIAN ANESTHETIST	NURSING SCHOOL	I & R SVC SAL & BENEFITS	I&R OTHER PROGRAM COSTS	PARAMEDICAL EDUCATION PROGRAM	ALLOC COST	ALLOC COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENT (Adj)	TOTAL COST
	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02	24.00	25.00	26.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0
194.05 Public Relations	0	0	0	0	0	0	0	0	142,840		142,840
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>41,449,482</u>	<u>0</u>	<u>41,449,482</u>

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) (Adj) (Adj)	NON-PATIENT PHONES 5.01 (Adj) (Adj)	DATA PROCESSING (MACH TIME) 5.02 (Adj) (Adj)	PURCHASING (REQUISITIO) 5.03 (Adj) (Adj)	ADMITTING (GROSS REVENUE) 5.04 (Adj) (Adj)	PATIENT ACCOUNTING (GROSS REV) 5.05 (Adj) (Adj)	STAT 0.00 (Adj) (Adj)	STAT 0.00 (Adj) (Adj)	STAT 0.00 (Adj) (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS (SQ FT) 6.00 (Adj) (Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Non-Patient Phones	69,698										
5.02	Data Processing		1									
5.03	Purchasing	111,572	3									
5.04	Admitting	605,263	6	5,483								
5.05	Patient Accounting	113,248	1									
0.00												
0.00												
5.06	Administrative and General	1,128,134	31	100								
6.00	Maintenance and Repairs	249,755	2		5					725,830		
7.00	Operation of Plant									888,518	6,144	
8.00	Laundry and Linen Service									203,186	369	
9.00	Housekeeping				8,341					711,420	574	
10.00	Dietary	368,293	3							1,011,888	2,727	
11.00	Cafeteria	219,243	2							471,103	1,127	
12.00	Maintenance of Personnel									0		
13.00	Nursing Administration	1,244,113	5		849					1,662,651	480	
14.00	Central Services and Supply	132,345	1							229,955	1,084	
15.00	Pharmacy		7		4,208					2,192,327	742	
16.00	Medical Records & Library	405,539	7							953,684	1,319	
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 (Approved)									0		
22.00	Intern & Res. Other Program Costs (Approved)									0		
23.00	Paramedical Ed. Program (specify)									0		
23.01										0		
23.02										0		
INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	5,823,695	8		37,707	43,393,881	43,393,881			8,454,774	15,257	
31.00	Intensive Care Unit	1,075,834	3		9,393	7,506,353	7,506,353			1,493,237	1,256	
32.00	Coronary Care Unit									0		
33.00	Burn Intensive Care Unit									0		
34.00	Surgical Intensive Care Unit									0		
35.00	Other Special Care (specify)									0		
40.00	Subprovider - IPF									0		
41.00	Subprovider - IRF									0		
42.00	Subprovider (specify)									0		
43.00	Nursery	553,966	1		4,239	6,345,225	6,345,225			929,249	770	
44.00	Skilled Nursing Facility									0		
45.00	Nursing Facility									0		
46.00	Other Long Term Care									0		
47.00										0		

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES)	NON-PATIENT PHONES (# OF PHONES)	DATA PROCESSING (MACH TIME)	PURCHASING (REQUISITIO)	ADMITTING (GROSS REVENUE)	PATIENT ACCOUNTING (GROSS REV)	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS (SQ FT) 6.00 (Adj) (Adj)
105.00	Kidney Acquisition						0.00	0.00	0.00		0	
106.00	Heart Acquisition						(Adj)	(Adj)	(Adj)		0	
107.00	Liver Acquisition						(Adj)	(Adj)	(Adj)		0	
108.00	Lung Acquisition						(Adj)	(Adj)	(Adj)		0	
109.00	Pancreas Acquisition						(Adj)	(Adj)	(Adj)		0	
110.00	Intestinal Acquisition						(Adj)	(Adj)	(Adj)		0	
111.00	Islet Acquisition						(Adj)	(Adj)	(Adj)		0	
112.00	Other Organ Acquisition (specify)						(Adj)	(Adj)	(Adj)		0	
113.00	Interest Expense						(Adj)	(Adj)	(Adj)		0	
114.00	Utilization Review-SNF						(Adj)	(Adj)	(Adj)		0	
115.00	Ambulatory Surgical Center (Distinct Part)						(Adj)	(Adj)	(Adj)		0	
116.00	Hospice						(Adj)	(Adj)	(Adj)		0	
117.00	Other Special Purpose (specify)						(Adj)	(Adj)	(Adj)		0	
190.00	Gift, Flower, Coffee Shop, & Canteen						(Adj)	(Adj)	(Adj)		0	
191.00	Research						(Adj)	(Adj)	(Adj)		0	
192.00	Physicians' Private Offices						(Adj)	(Adj)	(Adj)		0	
193.00	Nonpaid Workers						(Adj)	(Adj)	(Adj)		0	
193.01							(Adj)	(Adj)	(Adj)		0	
193.02							(Adj)	(Adj)	(Adj)		0	
193.03							(Adj)	(Adj)	(Adj)		0	
194.05	Public Relations						(Adj)	(Adj)	(Adj)		133,111	
	TOTAL	19,951,456	112	100	149,100	412,720,769	412,720,769	0	0	0	38,626,274	55,746
	COST TO BE ALLOCATED	285,966	131,994	442,914	248,029	908,169	1,241,704	0	0	0	2,823,209	778,881
	UNIT COST MULTIPLIER - SCH 8	0.014333	1178.516667	4429.135167	1.663509	0.002200	0.003009	0.000000	0.000000	0.000000	0.073090	13.971960

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (TIME SPENT)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
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 Phones											
5.02	Data Processing											
5.03	Purchasing											
5.04	Admitting											
5.05	Patient Accounting											
0.00												
0.00												
0.00												
5.06	Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	369	Laundry and Linen Service										
9.00	574	Housekeeping										
10.00	2,727	43,388	2,727	Dietary								
11.00	1,127		1,127	Cafeteria								
12.00	Maintenance of Personnel											
13.00	480	Nursing Administration										
14.00	1,084	Central Services and Supply										
15.00	742	Pharmacy										
16.00	1,319	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	15,257	105,078	15,257	94,174	8,617		116,956			43,393,881		
31.00	1,256	18,901	1,256	4,854	1,019		16,649			7,506,353		
32.00	Coronary Care Unit											
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Special Care (specify)											
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	770	23,607	770		582		10,188			6,345,225		
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (TIME SPENT)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
112.00 Other Organ Acquisition (specify)												
113.00 Interest Expense												
114.00 Utilization Review-SNF												
115.00 Ambulatory Surgical Center (Distinct Part)												
116.00 Hospice												
117.00 Other Special Purpose (specify)												
190.00 Gift, Flower, Coffee Shop, & Canteen												
191.00 Research												
192.00 Physicians' Private Offices												
193.00 Nonpaid Workers												
193.01												
193.02												
193.03												
194.05 Public Relations												
TOTAL	49,602	327,289	48,659	99,028	23,695	0	221,460	100	100	412,720,769	0	0
COST TO BE ALLOCATED	1,039,304	230,924	783,465	1,255,609	563,042	0	1,846,948	309,132	2,390,426	1,114,383	0	0
UNIT COST MULTIPLIER - SCH 8	20.952857	0.705567	16.101130	12.679328	23.762074	0.000000	8.339873	3091.321392	23904.260677	0.002700	0.000000	0.000000

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01	Non-Patient Phones						
5.02	Data Processing						
5.03	Purchasing						
5.04	Admitting						
5.05	Patient Accounting						
0.00							
0.00							
0.00							
5.06	Administrative and General						
6.00	Maintenance and Repairs						
7.00	Operation of Plant						
8.00	Laundry and Linen Service						
9.00	Housekeeping						
10.00	Dietary						
11.00	Cafeteria						
12.00	Maintenance of Personnel						
13.00	Nursing Administration						
14.00	Central Services and Supply						
15.00	Pharmacy						
16.00	Medical Records & Library						
17.00	Social Service						
18.00	Other General Service (specify)						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Service-Salary & Fringes (Approved)						
22.00	Intern & Res. Other Program Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.01							
23.02							
INPATIENT ROUTINE COST CENTERS							
30.00	Adults & Pediatrics (Gen Routine)						
31.00	Intensive Care Unit						
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Other Special Care (specify)						
40.00	Subprovider - IPF						
41.00	Subprovider - IRF						
42.00	Subprovider (specify)						
43.00	Nursery						
44.00	Skilled Nursing Facility						
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Delivery Room and Labor Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
54.02	Ultrasound						
54.03	Endoscopy						
54.04	Computed Tomography (CT) Scan						
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						
61.00	PBP Clinical Laboratory Services-Program Only						
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, & Trans.						
64.00	Intravenous Therapy						
65.00	Respiratory Therapy						
66.00	Physical Therapy						
67.00	Occupational Therapy						
68.00	Speech Pathology						
69.00	Electrocardiology						
70.00	Electroencephalography						
71.00	Medical Supplies Charged to Patients						
72.00	Implantable Devices Charged to Patients						
73.00	Drugs Charged to Patients						
74.00	Renal Dialysis						
75.00	ASC (Non-Distinct Part)						
76.00	Other Ancillary (specify)						
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency						
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
NONREIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable (specify)						
99.00	Outpatient Rehabilitation Provider (specify)						
100.00	Intern-Resident Service (not appvd. tchng. prgm.)						
101.00	Home Health Agency						

TRIAL BALANCE OF EXPENSES

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 3,504,280	\$ (2,552,333)	\$ 951,947
2.00	Capital Related Costs-Movable Equipment	509,707	335,524	845,231
3.00	Other Capital Related Costs	0	0	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	285,966	0	285,966
5.01	Non-Patient Phones	123,253	0	123,253
5.02	Data Processing	441,735	0	441,735
5.03	Purchasing	196,024	0	196,024
5.04	Admitting	867,622	0	867,622
5.05	Patient Accounting	1,994,281	(755,379)	1,238,902
		0	0	0
		0	0	0
		0	0	0
5.06	Administrative and General	15,953,653	(13,769,468)	2,184,185
6.00	Maintenance and Repairs	694,451	0	694,451
7.00	Operation of Plant	716,799	0	716,799
8.00	Laundry and Linen Service	192,873	0	192,873
9.00	Housekeeping	681,502	0	681,502
10.00	Dietary	813,914	112,943	926,857
11.00	Cafeteria	547,048	(112,943)	434,105
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	1,684,099	(60,000)	1,624,099
14.00	Central Services and Supply	196,583	0	196,583
15.00	Pharmacy	2,176,247	(19,908)	2,156,339
16.00	Medical Records & Library	902,757	0	902,757
17.00	Social Service	0	0	0
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	7,791,681	(144,991)	7,646,690
31.00	Intensive Care Unit	1,418,500	(34,049)	1,384,451
32.00	Coronary Care Unit	0	0	0
33.00	Burn Intensive Care Unit	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0
35.00	Other Special Care (specify)	0	0	0
40.00	Subprovider - IPF	0	0	0
41.00	Subprovider - IRF	0	0	0
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	890,804	(32,298)	858,506
44.00	Skilled Nursing Facility	0	0	0
45.00	Nursing Facility	0	0	0
46.00	Other Long Term Care	0	0	0
47.00		0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 2,880,818	\$ (553,167)	\$ 2,327,651
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	1,601,931	(36,879)	1,565,052
53.00	Anesthesiology	16,660	0	16,660
54.00	Radiology-Diagnostic	1,687,492	(143,434)	1,544,058
54.02	Ultrasound	447,745	(19,716)	428,029
54.03	Endoscopy	413,529	(82,000)	331,529
54.04	Computed Tomography (CT) Scan	0	0	0
55.00	Radiology-Therapeutic	0	0	0
56.00	Radioisotope	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	207,742	0	207,742
59.00	Cardiac Catheterization	0	0	0
60.00	Laboratory	2,684,132	(945,162)	1,738,970
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	927,559	(60,812)	866,747
66.00	Physical Therapy	151,625	1,280	152,905
67.00	Occupational Therapy	6,736	0	6,736
68.00	Speech Pathology	7,924	0	7,924
69.00	Electrocardiology	130,902	0	130,902
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	789,368	2,025,593	2,814,961
72.00	Implantable Devices Charged to Patients	1,040,269	0	1,040,269
73.00	Drugs Charged to Patients	211,129	3,516	214,645
74.00	Renal Dialysis	251,615	0	251,615
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Other Ancillary (specify)	0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	2,092,122	26,977	2,119,099
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
	SUBTOTAL	\$ 58,133,077	\$ (16,816,706)	\$ 41,316,371
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	0
95.00	Ambulance Services	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
MONTEREY PARK HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)	0	0	0
101.00	Home Health Agency	0	0	0
105.00	Kidney Acquisition	0	0	0
106.00	Heart Acquisition	0	0	0
107.00	Liver Acquisition	0	0	0
108.00	Lung Acquisition	0	0	0
109.00	Pancreas Acquisition	0	0	0
110.00	Intestinal Acquisition	0	0	0
111.00	Islet Acquisition	0	0	0
112.00	Other Organ Acquisition (specify)	0	0	0
113.00	Interest Expense	0	0	0
114.00	Utilization Review-SNF	0	0	0
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0
116.00	Hospice	0	0	0
117.00	Other Special Purpose (specify)	0	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0
191.00	Research	0	0	0
192.00	Physicians' Private Offices	0	0	0
193.00	Nonpaid Workers	0	0	0
193.01		0	0	0
193.02		0	0	0
193.03		0	0	0
194.05	Public Relations	0	133,111	133,111
	SUBTOTAL	\$ 0	\$ 133,111	\$ 133,111
200	TOTAL	\$ 58,133,077	\$ (16,683,595)	\$ 41,449,482

(To Schedule 8)

Provider Name:
MONTEREY PARK HOSPITAL

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ
105.00 Kidney Acquisition	0												
106.00 Heart Acquisition	0												
107.00 Liver Acquisition	0												
108.00 Lung Acquisition	0												
109.00 Pancreas Acquisition	0												
110.00 Intestinal Acquisition	0												
111.00 Islet Acquisition	0												
112.00 Other Organ Acquisition (specify)	0												
113.00 Interest Expense	0												
114.00 Utilization Review-SNF	0												
115.00 Ambulatory Surgical Center (Distinct Part)	0												
116.00 Hospice	0												
117.00 Other Special Purpose (specify)	0												
190.00 Gift, Flower, Coffee Shop, & Canteen	0												
191.00 Research	0												
192.00 Physicians' Private Offices	0												
193.00 Nonpaid Workers	0												
193.01	0												
193.02	0												
193.03	0												
194.05 Public Relations	133,111				133,111								
200.00 TOTAL	<u>(\$16,683,595)</u>	<u>0</u>	<u>(72,200)</u>	<u>(15,850)</u>	<u>(13,702,304)</u>	<u>(2,893,241)</u>	<u>0</u>						

(To Sch 10)

Provider Name			Fiscal Period				Provider NPI		Adjustments	
MONTEREY PARK HOSPITAL			JULY 1, 2010 THROUGH JUNE 30, 2011				1780676221		20	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>										
1	10A	A		30.00	7	Adults and Pediatrics (General Routine Care)	\$7,791,681	(\$230)	\$7,791,451	*
	10A	A		50.00	7	Operating Room	2,880,818	(1,050)	2,879,768	*
	10A	A		54.00	7	Radiology-Diagnostic	1,687,492	(2,850)	1,684,642	*
	10A	A		66.00	7	Physical Therapy	151,625	1,280	152,905	
	10A	A		5.06	7	Administrative and General	15,953,653	2,850	15,956,503	*
To adjust the provider's reclassification of equipment rental expense to agree with the provider's general ledger. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306										
2	10A	A		15.00	7	Pharmacy	\$2,176,247	(\$3,564)	\$2,172,683	*
	10A	A		30.00	7	Adults and Pediatrics (General Routine Care)	* 7,791,451	(27)	7,791,424	*
	10A	A		54.00	7	Radiology-Diagnostic	* 1,684,642	(24)	1,684,618	*
	10A	A		43.00	7	Nursery	890,804	99	890,903	*
	10A	A		73.00	7	Drugs Charged to Patients	211,129	3,516	214,645	
To adjust the provider's reclassification of drugs charged to patients to agree with the provider's general ledger. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306										
3	10A	A		1.00	7	Capital Related Costs-Buildings and Fixtures	\$3,504,280	(\$800)	\$3,503,480	*
	10A	A		5.06	7	Administrative and General	* 15,956,503	800	15,957,303	*
To reclassify noncapital related expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304										
4	10A	A		5.06	7	Administrative and General	* \$15,957,303	(\$133,111)	\$15,824,192	*
	10A	A		194.05	7	Public Relations	0	133,111	133,111	
To reclassify public relations expense to a nonreimbursable cost center. 42 CFR 413.5, 413.9 and 413.24 CMS Pub. 15-1, Sections 2136.2, 2304, and 2328										

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments	
MONTEREY PARK HOSPITAL			JULY 1, 2010 THROUGH JUNE 30, 2011				1780676221		20	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
RECLASSIFICATIONS OF REPORTED COSTS										
5	10A	A		15.00	7	Pharmacy	*	\$2,172,683	(\$16,344)	\$2,156,339
	10A	A		30.00	7	Adults and Pediatrics (General Routine Care)	*	7,791,424	(144,734)	7,646,690
	10A	A		31.00	7	Intensive Care Unit		1,418,500	(34,049)	1,384,451
	10A	A		43.00	7	Nursery	*	890,903	(32,397)	858,506
	10A	A		50.00	7	Operating Room	*	2,879,768	(552,117)	2,327,651
	10A	A		52.00	7	Labor Room and Delivery Room		1,601,931	(36,879)	1,565,052
	10A	A		54.00	7	Radiology-Diagnostic	*	1,684,618	(129,560)	1,555,058 *
	10A	A		54.02	7	Ultrasound		447,745	(19,716)	428,029
	10A	A		54.03	7	Endoscopy		413,529	(82,000)	331,529
	10A	A		60.00	7	Laboratory		2,684,132	(945,162)	1,738,970
	10A	A		65.00	7	Respiratory Therapy		927,559	(60,812)	866,747
	10A	A		91.00	7	Emergency		2,092,122	28,177	2,120,299 *
	10A	A		71.00	7	Medical Supplies Charged to Patients		789,368	2,025,593	2,814,961
To adjust the provider's reclassification of medical supplies charged to patients to agree with the provider's general ledger. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306										
6	10A	A		1.00	7	Capital Related Costs-Buildings and Fixtures	*	\$3,503,480	(\$676,397)	\$2,827,083 *
	10A	A		5.06	7	Administrative and General	*	15,824,192	676,397	16,500,589 *
To adjust the provider's reclassification of property insurance to agree with the provider's general ledger. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2338B										
7	10A	A		11.00	7	Cafeteria		\$547,048	(\$112,943)	\$434,105
	10A	A		10.00	7	Dietary		813,914	112,943	926,857
To reclassify revenue abatement from employee/guest meal sales to the appropriate cost center. 42 CFR 413.20, 413.24, and 413.9 CMS Pub. 15-1, Sections 2300, 2304, and 2328D CMS Pub. 15-2, Section 3613										

Provider Name							Fiscal Period			Provider NPI		Adjustments
MONTEREY PARK HOSPITAL							JULY 1, 2010 THROUGH JUNE 30, 2011			1780676221		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED COSTS												
8	10A	A			13.00	7	Nursing Administration	\$1,684,099	(\$60,000)	\$1,624,099		
	10A	A			54.00	7	Radiology-Diagnostic	* 1,555,058	(11,000)	1,544,058		
	10A	A			91.00	7	Emergency	* 2,120,299	(1,200)	2,119,099		
							To adjust the provider's unallowable physician compensation adjustments to agree with the provider's supporting documentation. 42 CFR 413.5 and 413.9 / CMS Pub. 15-1, Section 2182.6C					
	10A	A			5.06	7	Administrative and General	* \$16,500,589				
9							To eliminate contribution/donation costs not related to patient care. 42 CFR 413.5(c)(7), 413.9 and 413.80 CMS Pub. 15-1, Sections 608, 610, and 2102.3		(\$15,850)			
10							To eliminate capitation management expenses related to the provider-sponsored health maintenance organization as stated in the Office of Statewide Health Planning and Development guidelines as not includable in the cost report. 42 CFR 413.5(c)(7) and 413.9 / OSHPD Acute Manual, Section 1230 CMS Pub. 15-1, Sections 2100, 2102.2, and 2304		<u>(13,702,304)</u>	\$2,782,435 *		
									<u>(\$13,718,154)</u>			
11	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	* \$2,827,083	(\$1,875,136)	\$951,947		
	10A	A			2.00	7	Capital Related Costs-Movable Equipment	509,707	335,524	845,231		
	10A	A			5.05	7	Patient Accounting	1,994,281	(755,379)	1,238,902		
	10A	A			5.06	7	Administrative and General	* 2,782,435	(598,250)	2,184,185		
							To adjust the reported home office costs to agree with the AHMC Healthcare, Inc. home office audit report for fiscal period ended June 30, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304					

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments	
MONTEREY PARK HOSPITAL			JULY 1, 2010 THROUGH JUNE 30, 2011				1780676221		20	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
12	4A	Not Reported					Medi-Cal Administrative Days (July 2010 - August 2010)	0	10	10
	4A	Not Reported					Medi-Cal Administrative Day Rate (July 2010 - August 2010)	\$0	\$351.26	\$351.26
	4A	Not Reported					Medi-Cal Administrative Days (December 2010)	0	4	4
	4A	Not Reported					Medi-Cal Administrative Day Rate (December 2010)	\$0	\$351.26	\$351.26
13	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$11,050	\$11,050
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	20,210	20,210
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	41,472	41,472
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	72,732	72,732
14	2	Not Reported					Medi-Cal Routine Service Charges	\$0	\$19,854	\$19,854
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	72,732	72,732
15	3	Not Reported					Medi-Cal Coinsurance	\$0	\$55	\$55
16	1	Not Reported					Medi-Cal Interim Payments	\$0	\$16,500	\$16,500
<p>To adjust Medi-Cal Settlement Data to agree with the following Paid Claims Summary Report: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through October 31, 2012 Report Date: November 7, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>										

Provider Name							Fiscal Period		Provider NPI		Adjustments
MONTEREY PARK HOSPITAL							JULY 1, 2010 THROUGH JUNE 30, 2011		1780676221		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
17	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	4,739	(181)	4,558	
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	2,309	86	2,395	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	279	32	311	
18	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$5,743,677	\$93,864	\$5,837,541	
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	3,225,187	(1,114,324)	2,110,863	
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	1,244,883	(55,731)	1,189,152	
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,633,531	160,755	1,794,286	
	Contract 6	D-4		XIX	54.02	2	Medi-Cal Ancillary Charges - Ultrasound	938,294	287,146	1,225,440	
	Contract 6	D-4		XIX	54.03	2	Medi-Cal Ancillary Charges - Endoscopy	285,113	(50,744)	234,369	
	Contract 6	D-4		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	297,344	(191,539)	105,805	
	Contract 6	D-4		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	10,193,339	2,678,776	12,872,115	
	Contract 6	D-4		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	7,146,062	(2,942,559)	4,203,503	
	Contract 6	D-4		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	275,174	(111,959)	163,215	
	Contract 6	D-4		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	3,506	(2,422)	1,084	
	Contract 6	D-4		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	17,288	(4,219)	13,069	
	Contract 6	D-4		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	864,132	325,830	1,189,962	
	Contract 6	D-4		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	10,852,376	1,170,992	12,023,368	
	Contract 6	D-4		XIX	72.00	2	Medi-Cal Ancillary Charges - Implants Charged to Patients	0	1,374,079	1,374,079	
	Contract 6	D-4		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	13,975,581	(2,516,818)	11,458,763	
	Contract 6	D-4		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	848,259	(305,098)	543,161	
	Contract 6	D-4		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	3,281,310	(2,014,259)	1,267,051	
	Contract 6	D-4		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	60,825,056	(3,218,230)	57,606,826	
19	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$18,440,203	(\$1,330,883)	\$17,109,320	
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	60,825,056	(3,218,230)	57,606,826	

-Continued on next page-

Provider Name				Fiscal Period				Provider NPI		Adjustments
MONTEREY PARK HOSPITAL				JULY 1, 2010 THROUGH JUNE 30, 2011				1780676221		20
Report References				Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part							
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
-Continued from previous page-										
20	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$190,237	(\$188,800)	\$1,437
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	0	330,410	330,410
To adjust Medi-Cal Settlement Data to agree with the following Paid Claims Summary Report: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through October 31, 2012 Report Date: November 7, 2012 42 CFR 413.20, 413.24, 413.530, 413.64, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541										