

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**METHODIST HOSPITAL OF SACRAMENTO
SACRAMENTO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1467560599**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Robert G. Kvick
Audit Supervisor: Gary Diffenderffer
Auditor: Lucille Ramos**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

January 7, 2014

Mr. Glenn S. Bunting
Toyon Associates, Inc.
1800 Sutter Street, Suite 600
Concord, CA 94520-2546

In the Matter of:

METHODIST HOSPITAL OF SACRAMENTO
NATIONAL PROVIDER IDENTIFIER (NPI): 1467560599
FISCAL PERIOD ENDED: JUNE 30, 2011
CASE/APPEAL NUMBER: HA14-0611-017A-PW

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated November 14, 2013, the following revision is made to the revised Medi-Cal audit report dated April 30, 2013.

SUMMARY OF REVISIONS

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>	
Audited Amount Due Provider (State)	\$ (82,784)
Revision	362
Revised Amount Due Provider (State)	\$ <u>(82,422)</u>
 <u>MEDI-CAL CONTRACT COST (CONTRACT SCH. 1)</u>	
Audited Cost	\$ 23,176,440
Revision	(166,763)
Revised Cost	\$ <u>23,009,677</u>
 <u>DISTINCT PART NURSING FACILITY (DPNF SCH. 1)</u>	
Audited Cost Per Day	\$ 525.27
Revision	13.11
Revised Cost Per Day	\$ <u>538.38</u>

Mr. Glenn S. Bunting
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Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

Original Signed By

Robert G. Kwick, Chief
Audits Section—Sacramento
Financial Audits Branch

cc: Matthew Beymer
Reimbursement Manager
Catholic Healthcare West
3400 Data Drive
Rancho Cordova, CA 95670

SUMMARY OF FINDINGS

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1467560599	Audited	\$ (82,784)	
	Net Change	\$ 362	
	Revised Amount Due Provider (State)	\$ (82,422)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1467560599	Audited		\$ 23,176,440
	Net Change		\$ (166,763)
	Revised Cost		\$ 23,009,677
	Revised Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1467560599	Audited		\$ 525.27
	Net Change		\$ 13.11
	Revised Cost Per Day		\$ 538.38
	Revised Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ (82,422)	
9. Total Medi-Cal Cost			\$ 23,009,677

SUMMARY OF FINDINGS

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
16. Total Other Settlement	Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Revised Settlement Due	Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (82,422)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1467560599

		AUDITED	REVISED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>339,032</u>	\$ <u>339,394</u>
2.	Excess Reasonable Cost Over Charges (Schedule 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.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>339,032</u>	\$ <u>339,394</u>
6.	Interim Payments (Rev)	\$ <u>(421,816)</u>	\$ <u>(421,816)</u>
7.	Balance Due Provider (State)	\$ <u>(82,784)</u>	\$ <u>(82,422)</u>
8.	Duplicate Payments (Rev)	\$ <u>0</u>	\$ <u>0</u>
9.	\$	\$ <u>0</u>	<u>0</u>
10.	\$	<u>0</u>	<u>0</u>
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>(82,784)</u></u>	\$ <u><u>(82,422)</u></u>

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1467560599

AUDITED

REVISED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 341,603 \$ 341,965

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Rev) \$ 216,397 \$ 216,3973. Inpatient Ancillary Service Charges (Rev) \$ 770,337 \$ 770,3374. Total Charges - Medi-Cal Inpatient Services \$ 986,734 \$ 986,7345. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 645,131 \$ 644,7696. 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:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1467560599

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	29,451	29,451
2. Inpatient Days (include private, exclude swing-bed)	29,451	29,451
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	28,029	28,029
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	0	0

SWING-BED RevUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 33,085,658	\$ 32,743,833
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)	\$ 33,085,658	\$ 32,743,833

PRIVATE ROOM DIFFERENTIAL RevUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.000000	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Revustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 33,085,658	\$ 32,743,833

PROGRAM INPATIENT OPERATING COST

38. Revusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,123.41	\$ 1,111.81
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 216,397	\$ 216,397
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 216,397	\$ 216,397

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1467560599

SPECIAL CARE AND/OR NURSERY UNITS	AUDITED	REVISED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 1,886,822	\$ 1,860,640
2. Total Inpatient Days (Adj)	<u>2,193</u>	<u>2,193</u>
3. Average Per Diem Cost	\$ 860.38	\$ 848.45
4. Medi-Cal Inpatient Days (Rev)	<u>0</u>	<u>0</u>
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 13,087,641	\$ 13,012,539
7. Total Inpatient Days (Adj)	<u>5,713</u>	<u>5,713</u>
8. Average Per Diem Cost	\$ 2,290.85	\$ 2,277.71
9. Medi-Cal Inpatient Days (Rev)	<u>0</u>	<u>0</u>
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)	<u>0</u>	<u>0</u>
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	<u>0</u>	<u>0</u>
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)	<u>0</u>	<u>0</u>
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	<u>0</u>	<u>0</u>
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)	<u>0</u>	<u>0</u>
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	<u>0</u>	<u>0</u>
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL ICU		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 3,712,293	\$ 3,675,896
27. Total Inpatient Days (Adj)	<u>1,809</u>	<u>1,809</u>
28. Average Per Diem Cost	\$ 2,052.12	\$ 2,032.00
29. Medi-Cal Inpatient Days (Rev)	<u>0</u>	<u>0</u>
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
21. Per Diem Rate (Rev 6)	\$ 342.40	\$ 342.40
32. Medi-Cal Inpatient Days (Rev 6)	<u>632</u>	<u>632</u>
33. Cost Applicable to Medi-Cal	\$ 216,397	\$ 216,397
ADMINISTRATIVE DAYS		
21. Per Diem Rate (Rev)	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Rev)	<u>0</u>	<u>0</u>
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 216,397	\$ 216,397

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1467560599

SPECIAL CARE UNITS	AUDITED	REVISED
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 (Rev)	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 (Rev)	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 (Rev)	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 (Rev)	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 (Rev)	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 (Rev)	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:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1467560599

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
50.00	Operating Room	\$ 15,240,902	\$ 75,827,855	0.200993	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	6,983,028	17,049,141	0.409582	0	0
53.00	Anesthesiology	105,941	9,403,608	0.011266	0	0
54.00	Radiology-Diagnostic	5,947,945	39,688,623	0.149865	24,906	3,733
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	1,422,935	11,037,184	0.128922	0	0
57.00	Computed Tomography (CT) Scan	845,801	54,888,436	0.015409	0	0
58.00	Magnetic Resonance Imaging (MRI)	233,292	8,218,282	0.028387	13,296	377
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	8,634,605	112,827,080	0.076530	206,027	15,767
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.	1,157,006	1,348,934	0.857719	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	4,320,165	47,062,734	0.091796	0	0
66.00	Physical Therapy	6,474,392	23,951,833	0.270309	116,686	31,541
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	397,377	7,758,743	0.051217	0	0
70.00	Electroencephalography	92,464	614,164	0.150553	0	0
71.00	Medical Supplies Charged to Patients	7,848,151	10,372,607	0.756623	0	0
72.00	Implantable Devices Charged to Patients	6,786,955	30,237,362	0.224456	0	0
73.00	Drugs Charged to Patients	11,357,345	62,710,258	0.181108	409,422	74,150
74.00	Renal Dialysis	867,619	882,112	0.983570	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Non Inv Card Lab	293,658	4,405,099	0.066663	0	0
77.00		0	0	0.000000	0	0
78.00		0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	1,695,640	2,011,690	0.842893	0	0
91.00	Emergency	17,276,241	126,395,409	0.136684	0	0
92.00	Observation Beds	0	4,638,796	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	\$ 97,981,461	\$ 651,329,950		\$ 770,337	\$ 125,568

(To Schedule 3)

* From Schedule 8, Column 26

RevUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1467560599

ANCILLARY CHARGES		AUDITED	REVISIONS (Rev)	REVISED
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	24,906		24,906
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)	13,296		13,296
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	206,027		206,027
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	116,686		116,686
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	409,422		409,422
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Non Inv Card Lab	0		0
77.00		0		0
78.00		0		0
79.00		0		0
80.00		0		0
81.00		0		0
82.00		0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
87.00		0		0
87.01		0		0
88.00	Rural Health Clinic (RHC)	0		0
89.00	Federally Qualified Health Center (FQHC)	0		0
90.00	Clinic	0		0
91.00	Emergency	0		0
92.00	Observation Beds	0		0
93.00	Other Outpatient Services (Specify)	0		0
93.01		0		0
93.02		0		0
93.03		0		0
93.04		0		0
93.05		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 770,337	\$ 0	\$ 770,337

(To Schedule 5)

**COMPUTATION OF
DISTINCT PART NURSING FACILITY PER DIEM**

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1467560599

	AUDITED	REVISED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 0	\$ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 28,690,633	\$ 29,407,074	\$ 716,442
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 28,690,633	\$ 29,407,074	\$ 716,442
4. Total Distinct Part Patient Days (Rev)	54,621	54,621	
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 525.27	\$ 538.38	\$ 13.11
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Rev)	\$ 0	\$ 0	\$
7. Medi-Cal Credit Balances (Rev)	\$ 0	\$ 0	\$
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	171	171	
10. Total Licensed Capacity (All levels) (Rev)	333	333	
11. Total Medi-Cal DP Patient Days (Rev)	43,609	43,609	
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 1,253,231	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 1,253,231	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 10,153,752	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 9,330,234	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 19,483,986	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1467560599

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	AUDITED	REVISED *	DIFFERENCE
0.00	Distinct Part	\$ 11,952,497	\$ 11,952,497	\$ 0
1.00	Capital Related Costs-Buildings and Fixtures	0	0	0
1.01	Capital Related Costs-Bville Terrace	298,186	943,609	645,424
2.00	Capital Related Costs-Movable Equipment	0	0	0
3.00	Other Capital Related Costs	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	2,770,537	2,769,500	(1,037)
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	3,572,648	3,766,891	194,243
6.00	Maintenance and Repairs	3,960,787	3,869,255	(91,531)
7.00	Operation of Plant	0	0	0
8.00	Laundry and Linen Service	386,921	387,728	808
9.00	Housekeeping	1,708,421	1,711,003	2,583
10.00	Dietary	2,716,962	2,684,779	(32,183)
11.00	Cafeteria	191,583	189,328	(2,255)
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	936,367	937,216	849
14.00	Central Services and Supply	0	0	0
15.00	Pharmacy	0	0	0
16.00	Medical Records & Library	152,223	151,679	(544)
17.00	Social Service	43,501	43,588	87
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
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 28,690,633	\$ 29,407,074	\$ 716,442

(To DPNF Sch 1)

* From Schedule 8, line 44 plus line 45.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1467560599

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
					(From DPNF Sch 4)	
50.00	Operating Room	\$ 15,240,902	\$ 75,827,855	0.200993	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	6,983,028	17,049,141	0.409582	0	0
53.00	Anesthesiology	105,941	9,403,608	0.011266	0	0
54.00	Radiology-Diagnostic	5,947,945	39,688,623	0.149865	0	0
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	1,422,935	11,037,184	0.128922	0	0
57.00	Comp Tomog (CT) Scan	845,801	54,888,436	0.015409	0	0
58.00	Mag Resonance Imag (MRI)	233,292	8,218,282	0.028387	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	8,634,605	112,827,080	0.076530	0	0
61.00	PBP Clin Lab Svcs-Prgm Only	0	0	0.000000	0	0
62.00	Whole Bld & Pkd Red Bld Cells	0	0	0.000000	0	0
63.00	Bld Stor, Process, & Trans.	1,157,006	1,348,934	0.857719	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	4,320,165	47,062,734	0.091796	0	0
66.00	Physical Therapy	6,474,392	23,951,833	0.270309	0	0
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	397,377	7,758,743	0.051217	0	0
70.00	Electroencephalography	92,464	614,164	0.150553	0	0
71.00	Med Supp Charged to Patients	7,848,151	10,372,607	0.756623	0	0
72.00	Impl Dev Charged to Patients	6,786,955	30,237,362	0.224456	0	0
73.00	Drugs Charged to Patients	11,357,345	62,710,258	0.181108	0	0
74.00	Renal Dialysis	867,619	882,112	0.983570	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Non Inv Card Lab	293,658	4,405,099	0.066663	0	0
77.00				0.000000	0	0
78.00				0.000000	0	0
79.00				0.000000	0	0
80.00				0.000000	0	0
81.00				0.000000	0	0
82.00				0.000000	0	0
83.00				0.000000	0	0
84.00				0.000000	0	0
85.00				0.000000	0	0
86.00				0.000000	0	0
87.00				0.000000	0	0
87.01				0.000000	0	0
90.00	Clinic	1,695,640	2,011,690	0.842893	0	0
91.00	Emergency	17,276,241	126,395,409	0.136684	0	0
92.00	Observation Beds		4,638,796	0.000000	0	0
101.00	TOTAL	\$ 97,981,461	\$ 651,329,950		\$ 0	\$ 0

(To DPNF Sch 1)

* From Schedule 8, Column 26.

** Total Distinct Part Ancillary Charges included in the rate.

*** Total Distinct Part Ancillary Costs included in the rate.

**ADJUSTMENTS TO TOTAL
DISTINCT PART ANCILLARY CHARGES**

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1467560599

ANCILLARY CHARGES		AUDITED	REVISIONS (Rev)	REVISED
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		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		0
61.00	PBP Clinical Lab Svcs-Prgm Only	0		0
62.00	Whole Bld & Pkd 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	Med Supp Charged to Patients	0		0
72.00	Impl Dev Charged to Patients	0		0
73.00	Drugs Charged to Patients	0		0
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Non Inv Card Lab	0		0
77.00		0		0
78.00		0		0
79.00		0		0
80.00		0		0
81.00		0		0
82.00		0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
87.00		0		0
87.01		0		0
90.00	Clinic	0		0
91.00	Emergency	0		0
		0		0
TOTAL DP ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

(To DPNF Sch 3)

**ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY**

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1467560599

COL.	COST CENTER	REVISED CAP RELATED * (COL 1)	REVISED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 0	\$ N/A
1.01	Capital Related Costs-Bville Terrace	943,609	N/A
2.00	Capital Related Costs-Movable Equipment	0	N/A
3.00	Other Capital Related Costs	0	N/A
3.02		0	N/A
3.03		0	N/A
3.04		0	N/A
3.05		0	N/A
3.06		0	N/A
3.07		0	N/A
3.08		0	N/A
3.09		0	N/A
4.00	Employee Benefits	2,498	2,767,002
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	18,881	1,481,759
6.00	Maintenance and Repairs	197,647	1,004,636
7.00	Operation of Plant	0	0
8.00	Laundry and Linen Service	396	129,667
9.00	Housekeeping	3,657	1,156,465
10.00	Dietary	76,212	1,757,970
11.00	Cafeteria	5,346	123,375
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	3,104	797,208
14.00	Central Services and Supply	0	0
15.00	Pharmacy	0	0
16.00	Medical Records & Library	1,828	88,726
17.00	Social Service	52	23,426
18.00	Other General Service (specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0
23.00	Paramedical Ed. Program (specify)	0	0
23.01		0	0
23.02		0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 1,253,231	\$ 9,330,234

* These amounts include both Skilled Nursing Facility expenses,
line 44 and Nursing Facility expenses, line 45.

(To DPNF SCH 1)

Provider Name:

Fiscal Period Ended:

METHODIST HOSPITAL OF SACRAMENTO

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	ADMINIS- TRATIVE & GENERAL 5.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	9,090	0	0	0	0	0	0	0	0	214,249	51,518
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	227,203	54,632
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Non Reimbursable	0	0	0	0	0	0	0	0	0	0	710,136	170,757
194.01 Public Relations	0	19,810	0	0	0	0	0	0	0	0	526,629	126,631
194.02 Community Benefits	0	0	0	0	0	0	0	0	0	0	75,901	18,251
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	<u>24,285,168</u>	0	0	0	0	0	0	0	0	<u>183,335,342</u>	<u>35,538,625</u>

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

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	40,277	2,361	0	17,811	0	922	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	10,726	629	0	4,743	320,326	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Non Reimbursable	0	0	0	0	0	0	0	0	0	0	0	0
194.01 Public Relations	0	0	0	0	0	1,285	0	0	0	0	0	0
194.02 Community Benefits	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>11,668,905</u>	<u>430,384</u>	<u>677,139</u>	<u>5,146,220</u>	<u>5,785,713</u>	<u>913,597</u>	<u>0</u>	<u>3,018,543</u>	<u>2,192,434</u>	<u>5,264,294</u>	<u>2,840,139</u>	<u>816,180</u>

Provider Name:

Fiscal Period Ended:

METHODIST HOSPITAL OF SACRAMENTO

JUNE 30, 2011

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION				STEP-DOWN	
	(SPECIFIC)				COSTS	PROGRAM	COST	COST		RevU	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	327,137	0	327,137
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	618,260	0	618,260
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
194.00 Non Reimbursable	0	0	0	0	0	0	0	0	880,893	0	880,893
194.01 Public Relations	0	0	0	0	0	0	0	0	654,546	0	654,546
194.02 Community Benefits	0	0	0	0	0	0	0	0	94,152	0	94,152
193.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	<u>1,731,383</u>	<u>228,495</u>	0	0	0	<u>183,335,341</u>	<u>(1,962,355)</u>	<u>181,372,986</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) 4.00	STAT 5.01	STAT 5.02	STAT 5.03	STAT 5.04	STAT 5.05	STAT 5.06	STAT 5.07	STAT 5.08	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00
105.00	Kidney Acquisition										0	
106.00	Heart Acquisition										0	
107.00	Liver Acquisition										0	
108.00	Lung Acquisition										0	
109.00	Pancreas Acquisition										0	
110.00	Intestinal Acquisition										0	
111.00	Islet Acquisition										0	
112.00	Other Organ Acquisition (specify)										0	
113.00	Interest Expense										0	
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	33,327									214,249	751
191.00	Research										0	
192.00	Physicians' Private Offices										227,203	200
193.00	Nonpaid Workers										0	
194.00	Non Reimbursable										710,136	
194.01	Public Relations	72,630									526,629	
194.02	Community Benefits										75,901	
193.04											0	
	TOTAL	89,036,137	0	0	0	0	0	0	0		147,796,717	217,578
	COST TO BE ALLOCATED	24,285,168	0	0	0	0	0	0	0		35,538,625	11,668,905
	UNIT COST MULTIPLIER - SCH 8	0.272756	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.240456	53.630906

Provider Name:

METHODIST HOSPITAL OF SACRAMENTO

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 (GROSS REVENUE)	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
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
1.01	Capital Related Costs-Bville Terrace											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
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	283										
10.00	Dietary	8,264	1,907	8,264								
11.00	Cafeteria				49,192							
12.00	Maintenance of Personnel											
13.00	Nursing Administration	319		319		1,359						
14.00	Central Services and Supply	3,548		3,548		1,141	8					
15.00	Pharmacy					2,625		28,238				
16.00	Medical Records & Library	1,601		1,601		1,556		239				
17.00	Social Service					272						
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)	37,839	173,321	37,539	89,111	11,713	218,338			101,696,011	101,696,011	
31.00	Intensive Care Unit	9,898	46,585	9,898	6,885	4,078	78,608			47,784,479	47,784,479	
32.00	Coronary Care Unit											
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Neonatal ICU	4,269		4,269	5,350	1,149	22,261			12,218,855	12,218,855	
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	Nursery	3,031	13,089	3,031		488	8,085			4,569,052	4,569,052	
44.00	Skilled Nursing Facility		619,933	72,146	145,350	13,551	237,607			45,865,914	45,865,914	
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:

Fiscal Period Ended:

METHODIST HOSPITAL OF SACRAMENTO

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 (GROSS REVENUE)	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
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	751		751		66							
191.00 Research												
192.00 Physicians' Private Offices	200		200	17,342								
193.00 Nonpaid Workers												
194.00 Non Reimbursable												
194.01 Public Relations					92							
194.02 Community Benefits												
193.04												
TOTAL	136,909	1,082,667	216,995	313,230	65,390	0	765,274	9,901,605	5,718,680	858,825,465	858,825,465	0
COST TO BE ALLOCATED	430,384	677,139	5,146,220	5,785,713	913,597	0	3,018,543	2,192,434	5,264,294	2,840,140	816,180	0
UNIT COST MULTIPLIER - SCH 8	3.143575	0.625436	23.715846	18.471132	13.971516	0.000000	3.944395	0.221422	0.920544	0.003307	0.000950	0.000000

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

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

GENERAL SERVICE COST CENTERS

- 1.00 Capital Related Costs-Buildings and Fixtures
- 1.01 Capital Related Costs-Bville Terrace
- 2.00 Capital Related Costs-Movable Equipment
- 3.00 Other Capital Related Costs
- 3.02
- 3.03
- 3.04
- 3.05
- 3.06
- 3.07
- 3.08
- 3.09
- 4.00 Employee Benefits
- 5.01
- 5.02
- 5.03
- 5.04
- 5.05
- 5.06
- 5.07
- 5.08
- 5.00 Administrative and General
- 6.00 Maintenance and Repairs
- 7.00 Operation of Plant
- 8.00 Laundry and Linen Service
- 9.00 Housekeeping
- 10.00 Dietary
- 11.00 Cafeteria
- 12.00 Maintenance of Personnel
- 13.00 Nursing Administration
- 14.00 Central Services and Supply
- 15.00 Pharmacy
- 16.00 Medical Records & Library
- 17.00 Social Service
- 18.00 Other General Service (specify)
- 19.00 Nonphysician Anesthetists
- 20.00 Nursing School
- 21.00 Intern & Res. Service-Salary & Fringes (Approved)
- 22.00 Intern & Res. Other Program Costs (Approved)
- 23.00 Paramedical Ed. Program (specify)
- 23.01
- 23.02

INPATIENT ROUTINE COST CENTERS

- 30.00 Adults & Pediatrics (Gen Routine) 12,240 12,240
- 31.00 Intensive Care Unit 880 880
- 32.00 Coronary Care Unit
- 33.00 Burn Intensive Care Unit
- 34.00 Surgical Intensive Care Unit
- 35.00 Neonatal ICU
- 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:
METHODIST HOSPITAL OF SACRAMENTO

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
ANCILLARY COST CENTERS							
50.00	Operating Room		2,720	2,720			
51.00	Recovery Room						
52.00	Delivery Room and Labor Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic		480	480			
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		880	880			
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	Non Inv Card Lab						
77.00							
78.00							
79.00							
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic		10,000	10,000			
91.00	Emergency		1,360	1,360			
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						

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:

Fiscal Period Ended:

METHODIST HOSPITAL OF SACRAMENTO

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
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						
194.00	Non Reimbursable						
194.01	Public Relations						
194.02	Community Benefits						
193.04							
TOTAL	0	0	28,560	28,560	0	0	0
COST TO BE ALLOCATED	0	0	1,731,383	228,495	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	60.622656	8.000536	0.000000	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 2,309,438	\$ 553,976	\$ 2,863,414
1.01	Capital Related Costs-Bville Terrace	333,412	721,671	1,055,083
2.00	Capital Related Costs-Movable Equipment	2,383,866	(1,931,345)	452,521
3.00	Other Capital Related Costs	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	24,263,267	0	24,263,267
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	32,044,444	322,286	32,366,730
6.00	Maintenance and Repairs	8,363,935	0	8,363,935
7.00	Operation of Plant	346,956	0	346,956
8.00	Laundry and Linen Service	508,407	0	508,407
9.00	Housekeeping	3,470,202	0	3,470,202
10.00	Dietary	3,316,627	0	3,316,627
11.00	Cafeteria	4,003	0	4,003
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	1,895,142	0	1,895,142
14.00	Central Services and Supply	1,281,110	0	1,281,110
15.00	Pharmacy	3,341,848	0	3,341,848
16.00	Medical Records & Library	1,843,129	0	1,843,129
17.00	Social Service	574,691	0	574,691
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)	1,191,972	0	1,191,972
22.00	Intern & Res. Other Program Costs (Approved)	111,841	0	111,841
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)	16,443,130	0	16,443,130
31.00	Intensive Care Unit	7,461,328	0	7,461,328
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	Neonatal ICU	1,925,681	0	1,925,681
40.00	Subprovider - IPF	0	0	0
41.00	Subprovider - IRF	0	0	0
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	1,012,643	0	1,012,643
44.00	Skilled Nursing Facility	11,952,497	0	11,952,497
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:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 8,876,651	\$ 0	\$ 8,876,651
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	3,813,437	0	3,813,437
53.00	Anesthesiology	5,643	0	5,643
54.00	Radiology-Diagnostic	3,259,708	0	3,259,708
55.00	Radiology-Therapeutic	0	0	0
56.00	Radioisotope	712,055	0	712,055
57.00	Computed Tomography (CT) Scan	385,084	0	385,084
58.00	Magnetic Resonance Imaging (MRI)	125,538	0	125,538
59.00	Cardiac Catheterization	0	0	0
60.00	Laboratory	5,347,097	0	5,347,097
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.	887,938	0	887,938
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	2,570,249	0	2,570,249
66.00	Physical Therapy	3,387,368	0	3,387,368
67.00	Occupational Therapy	0	0	0
68.00	Speech Pathology	0	0	0
69.00	Electrocardiology	104,998	0	104,998
70.00	Electroencephalography	56,377	0	56,377
71.00	Medical Supplies Charged to Patients	5,341,906	0	5,341,906
72.00	Implantable Devices Charged to Patients	4,554,568	0	4,554,568
73.00	Drugs Charged to Patients	4,946,915	0	4,946,915
74.00	Renal Dialysis	696,408	0	696,408
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Non Inv Card Lab	173,932	0	173,932
77.00		0	0	0
78.00		0	0	0
79.00		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
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	1,065,757	0	1,065,757
91.00	Emergency	9,173,978	0	9,173,978
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	\$ 181,865,176	\$ (333,412)	\$ 181,531,764
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	0
95.00	Ambulance Services	93,961	0	93,961
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
98.00	Other Reimbursable (specify)		0	0
99.00	Outpatient Rehabilitation Provider (specify)		0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)		0	0
101.00	Home Health Agency		0	0
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition (specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review-SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose (specify)		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	192,839	0	192,839
191.00	Research		0	0
192.00	Physicians' Private Offices	223,922	0	223,922
193.00	Nonpaid Workers		0	0
194.00	Non Reimbursable	710,136	0	710,136
194.01	Public Relations	506,819	0	506,819
194.02	Community Benefits	75,901	0	75,901
193.04			0	0
	SUBTOTAL	\$ 1,803,578	\$ 0	\$ 1,803,578
200	TOTAL	\$ 183,668,754	\$ (333,412)	\$ 183,335,342

(To Schedule 8)

Provider Name							Fiscal Period			Provider NPI		Revisions
METHODIST HOSPITAL OF SACRAMENTO							July 1, 2010 THROUGH JUNE 30, 2011			1467560599		1
Report References							Explanation of Revisions			As Audited	Increase (Decrease)	As Revised
Rev. No.	Revised Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
1	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	\$2,309,438	\$553,976	\$2,863,414		
	10A	A			1.01	7	Capital Related Costs-Bruceville Terrace	333,412	721,671	1,055,083		
	10A	A			2.00	7	Capital Related Costs-Movable Equipment	2,383,866	(1,931,345)	452,521		
	10A	A			5.00	7	Administrative and General	32,044,444	322,286	32,366,730		
Appeal Finding - Issue 1												