

**REPORT
ON THE
RATE SETTING AUDIT**

**LOS ANGELES METROPOLITAN MEDICAL CENTER
LOS ANGELES, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1639195175**

**FISCAL PERIOD ENDED
AUGUST 31, 2011**

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

**Section Chief: Maria Delgado
Audit Supervisor: Deborah Lee
Auditor: Gary Chan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 22, 2013

Mariano Patacsil
Reimbursement Specialist
Pacific Health Corporation
14642 Newport Avenue, Suite 388
Tustin, CA 92780

LOS ANGELES METROPOLITAN MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI): 1639195175
FISCAL PERIOD ENDED: AUGUST 31, 2011

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Cost (CONTRACT Schedules)
3. Audit Adjustments Schedule

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.

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

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

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Certified
Enclosures

cc: Administrator
Los Angeles Metropolitan Medical Center
2231 Western Avenue
Los Angeles, CA 90018

SUMMARY OF FINDINGS

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
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: 1639195175	Reported		\$ 21,098,031
	Net Change		\$ (13,404,314)
	Audited Cost		\$ 7,693,716
	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)		\$ 0	
9. Total Medi-Cal Cost			\$ 7,693,716

SUMMARY OF FINDINGS

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

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

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

Provider NPI:
1639195175

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		\$ 21,098,031	\$ 7,693,716
2. Excess Reasonable Cost Over Charges (Contract Sch 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	\$ 0
5. Subtotal (Sum of Lines 1 through 4)		\$ 21,098,031	\$ 7,693,716
6.	\$	\$ 0	\$ 0
7.	\$	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)		\$ 21,098,031	\$ 7,693,716
		(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)		\$ 0	\$ 0
10. Medi-Cal Credit Balances (Adj)		\$ 0	\$ 0
11.	\$	\$ 0	\$ 0
12.	\$	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ 0
		(To Summary of Findings)	

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

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

Provider NPI:
1639195175

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>21,098,031</u>	\$ <u>7,813,584</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 4)	\$ <u>27,611,403</u>	\$ <u>7,501,045</u>
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3. Inpatient Ancillary Service Charges (Adj 4)	\$ <u>36,515,623</u>	\$ <u>26,440,215</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>64,127,026</u>	\$ <u>33,941,260</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>43,028,995</u>	\$ <u>26,127,676</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:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

Provider NPI:
1639195175

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

REPORTED	AUDITED
27,690	27,690
27,690	27,690
0	0
27,690	27,690
0	0
0	0
0	0
0	0
13,111	1,824

INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	27,690	27,690
2. Inpatient Days (include private, exclude swing-bed)	27,690	27,690
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	27,690	27,690
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 2)	13,111	1,824

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)	\$ 28,267,931	\$ 28,422,913
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)	\$ 28,267,931	\$ 28,422,913

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 35,451,938	\$ 35,451,938
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.797359	\$ 0.801731
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 28,267,931	\$ 28,422,913

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,020.87	\$ 1,026.47
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 13,384,627	\$ 1,872,281
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 1,710,533	\$ 1,719,430
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 15,095,160	\$ 3,591,711

(To Contract Sch 3)

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

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

Provider NPI:
1639195175

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 3,677,859	\$ 3,696,988
7. Total Inpatient Days (Adj)	1,690	1,690
8. Average Per Diem Cost	\$ 2,176.25	\$ 2,187.57
9. Medi-Cal Inpatient Days (Adj)	786	786
10. Cost Applicable to Medi-Cal	\$ 1,710,533	\$ 1,719,430
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
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 1,710,533	\$ 1,719,430
	(To Contract Sch 4)	

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

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

Provider NPI:
1639195175

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:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

Provider NPI:
1639195175

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	\$ 3,016,245	\$ 6,195,630	0.486834	\$ 648,872	\$ 315,893
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	168	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	2,545,185	8,600,109	0.295948	1,367,826	404,805
54.02	Nuclear Medicine	(2,337)	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)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	3,860,750	16,563,064	0.233094	2,534,729	590,830
61.00	PBP Clinical Laboratory Services-Program Or	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	2,579,585	20,344,905	0.126793	8,441,032	1,070,261
66.00	Physical Therapy	1,292,207	9,092,646	0.142116	579,417	82,344
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	54,219	3,406,663	0.015916	422,982	6,732
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	3,203,284	7,647,215	0.418882	1,781,664	746,308
72.00	Implantable Devices Charged to Patients	0	0	0.000000	0	0
73.00	Drugs Charged to Patients	2,376,657	35,652,103	0.066662	9,365,467	624,325
74.00	Renal Dialysis	204,960	636,925	0.321796	196,871	63,352
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	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	129,623	2,088,416	0.062067	0	0
91.00	Emergency	4,671,684	16,227,214	0.287892	1,101,187	317,023
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01	Partial Hospitalization	794,034	6,681,432	0.118842	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	\$ 24,726,097	\$ 133,136,322		\$ 26,440,215	\$ 4,221,873

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

Provider NPI:
1639195175

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 3)	AUDITED
50.00	Operating Room	\$ 825,976	\$ (177,104)	\$ 648,872
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room		168	168
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	1,589,325	(221,499)	1,367,826
54.02	Nuclear Medicine			0
55.00	Radiology-Therapeutic			0
56.00	Radioisotope			0
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	5,041,609	(2,506,880)	2,534,729
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	8,436,652	4,380	8,441,032
66.00	Physical Therapy	2,856,440	(2,277,023)	579,417
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology	639,408	(216,426)	422,982
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	1,903,882	(122,218)	1,781,664
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	12,101,269	(2,735,802)	9,365,467
74.00	Renal Dialysis	182,961	13,910	196,871
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic	9,154	(9,154)	0
91.00	Emergency	2,892,024	(1,790,837)	1,101,187
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01	Partial Hospitalization	36,923	(36,923)	0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 36,515,623	\$ (10,075,408)	\$ 26,440,215

(To Contract Sch 5)

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTI

Fiscal Period Ended:
AUGUST 31, 2011

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 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
194.00 Public Relations	0	11,001	0	0	2,593	0	0	0	0	0	223,121	144,194
194.01 Transportation	0	7,119	0	0	7	0	0	0	0	0	279,639	180,719
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>2,172,389</u>	<u>337,943</u>	<u>242,173</u>	<u>177,834</u>	<u>651,256</u>	<u>169,865</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>67,433,885</u>	<u>26,472,843</u>

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTI

Fiscal Period Ended:
AUGUST 31, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Public Relations	19,737	10,775	0	11,283	0	0	0	0	0	0	0	0
194.01 Transportation	110,965	60,580	0	63,435	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>2,516,954</u>	<u>1,360,635</u>	<u>548,292</u>	<u>1,399,129</u>	<u>3,343,319</u>	<u>0</u>	<u>0</u>	<u>2,942,285</u>	<u>375,260</u>	<u>1,997,028</u>	<u>2,461,103</u>	<u>810,750</u>

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTI

Fiscal Period Ended:
AUGUST 31, 2011

TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	POST STEP-DOWN		TOTAL COST
									SUBTOTAL 24.00	ADJUSTMENT 25.00	
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
194.00 Public Relations	0	0	0	0	0	0	0	0	409,111	0	409,111
194.01 Transportation	0	0	0	0	0	0	0	0	695,339	0	695,339
193.03	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0
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>67,433,885</u>	<u>0</u>	<u>67,433,885</u>

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS
	4.00	5.01	5.02	5.03	5.04	5.05	0.00	0.00	0.00		5.06	6.00	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)	
GENERAL SERVICE COST CENTERS													
1.00	Capital Related Costs-Buildings and Fixtures												
2.00	Capital Related Costs-Movable Equipment												
3.00	Other Capital Related Costs												
3.01													
3.02													
3.03													
3.04													
3.05													
3.06													
3.07													
3.08													
3.09													
4.00	Employee Benefits												
5.01	Communciations	109,148											
5.02	Data Processing	151,231	4										
5.03	Purchasing, Receiving and Stores	89,734	3										
5.04	Admitting	517,043	9		3,472								
5.05	Cashiering/Accounts Receivable	11,455	9										
0.00													
0.00													
5.06	Administrative and General	1,787,732	23		150,269								
6.00	Maintenance and Repairs	845,564	4		2,629						1,528,896		
7.00	Operation of Plant	377,801	3								811,516	870	
8.00	Laundry and Linen Service		1								319,446	511	
9.00	Housekeeping	568,002	3		1,172						821,391	1,070	
10.00	Dietary	830,663	9								1,740,136	7,970	
11.00	Cafeteria										0		
12.00	Maintenance of Personnel										0		
13.00	Nursing Administration	1,365,948	4		1,722						1,734,074	1,458	
14.00	Central Services and Supply	34,881	1		45,019						167,687	1,652	
15.00	Pharmacy	961,355	8		4,212						1,184,182	792	
16.00	Medical Records & Library	878,542	14		10,231						1,439,377	1,524	
17.00	Social Service	389,670	6		143						478,036	396	
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)	8,798,533	23	37,506,698	6,525	37,506,698	37,506,698				12,505,296	40,407	
31.00	Intensive Care Unit	1,367,220	3	7,787,417	29	7,787,417	7,787,417				1,711,744	1,508	
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	3,041,757	18	27,924,775	179	27,924,775	27,924,775				4,136,589	9,426	
41.00	Subprovider - IRF										0		
42.00	Subprovider (specify)										0		
43.00	Nursery										0		
44.00	Skilled Nursing Facility										0		
45.00	Nursing Facility										0		
46.00	Other Long Term Care										0		
47.00											0		

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

	EMP BENE (GROSS SALARIES)	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS							
	4.00 (Adj) (Adj)	5.01 (Adj) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	5.04 (Adj) (Adj)	5.05 (Adj) (Adj)	0.00 (Adj) (Adj)	0.00 (Adj) (Adj)	0.00 (Adj) (Adj)		5.06	6.00 (Adj) (Adj)	
105.00 Kidney Acquisition												0	
106.00 Heart Acquisition												0	
107.00 Liver Acquisition												0	
108.00 Lung Acquisition												0	
109.00 Pancreas Acquisition												0	
110.00 Intestinal Acquisition												0	
111.00 Islet Acquisition												0	
112.00 Other Organ Acquisition (specify)												0	
113.00 Interest Expense												0	
114.00 Utilization Review-SNF												0	
115.00 Ambulatory Surgical Center (Distinct Part)												0	
116.00 Hospice												0	
117.00 Other Special Purpose (specify)												0	
190.00 Gift, Flower, Coffee Shop, & Canteen												0	
191.00 Research												0	
192.00 Physicians' Private Offices												0	
193.00 Nonpaid Workers												0	
194.00 Public Relations	142,483			4,277								223,121	696
194.01 Transportation	92,206			12								279,639	3,913
193.03												0	
193.04												0	
TOTAL	28,135,717	184	204,300,453	293,324	204,300,453	204,300,453	0	0	0			40,963,379	88,756
COST TO BE ALLOCATED	2,172,389	337,943	242,173	177,834	651,256	169,865	0	0	0			26,472,843	2,516,954
UNIT COST MULTIPLIER - SCH 8	0.077211	1836.645021	0.001185	0.606273	0.003188	0.000831	0.000000	0.000000	0.000000			0.646256	28.358130

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 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 CHARGES)	SOC SERV (TIME SPENT)	OTHER SVC (TIME SPENT)
	(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	Communciations											
5.02	Data Processing											
5.03	Purchasing, Receiving and Stores											
5.04	Admitting											
5.05	Cashiering/Accounts Receivable											
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 511											
9.00	Housekeeping 1,070											
10.00	Dietary 7,970 7,970											
11.00	Cafeteria											
12.00	Maintenance of Personnel											
13.00	Nursing Administration 1,458 1,458											
14.00	Central Services and Supply 1,652 1,652											
15.00	Pharmacy 792 792											
16.00	Medical Records & Library 1,524 1,524											
17.00	Social Service 396 396											
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	40,407	134,313	40,407	87,666			190,955	126,197	37,506,698		26,513	
31.00	1,508	128,267	1,508	5,590			28,029	7,385	7,787,417		1,691	
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	9,426	11,960	9,426	35,144			68,059	6,034	27,924,775		10,632	
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	Nursery											
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 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 CHARGES)	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												
106.00												
107.00												
108.00												
109.00												
110.00												
111.00												
112.00												
113.00												
114.00												
115.00												
116.00												
117.00												
190.00												
191.00												
192.00												
193.00												
194.00		696										
194.01			696									
193.03		3,913										
193.04			3,913									
TOTAL	87,886	274,540	86,305	128,400	0	0	332,430	53,710	1,544,704	204,300,453	38,836	0
COST TO BE ALLOCATED	1,360,635	548,292	1,399,129	3,343,319	0	0	2,942,285	375,260	1,997,028	2,461,103	810,750	0
UNIT COST MULTIPLIER - SCH 8	15.481813	1.997130	16.211447	26.038309	0.000000	0.000000	8.850841	6.986786	1.292822	0.012046	20.876251	0.000000

Provider Name:

LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:

AUGUST 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01	Communciations						
5.02	Data Processing						
5.03	Purchasing, Receiving and Stores						
5.04	Admitting						
5.05	Cashiering/Accounts Receivable						
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:

LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:

AUGUST 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Labor Room and Delivery Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
54.02	Nuclear Medicine						
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 Or						
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)						
78.00							
79.00							
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency						
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01	Partial Hospitalization						
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. tchn. prgm.)						
101.00	Home Health Agency						

TRIAL BALANCE OF EXPENSES

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 3,393,341	\$ 15,820	\$ 3,409,161
2.00	Capital Related Costs-Movable Equipment	84,524	0	84,524
3.00	Other Capital Related Costs		0	0
3.01			0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	2,162,906	0	2,162,906
5.01	Communications	322,604	0	322,604
5.02	Data Processing	212,124	0	212,124
5.03	Purchasing, Receiving and Stores	165,396	0	165,396
5.04	Admitting	572,770	0	572,770
5.05	Cashiering/Accounts Receivable	104,779	0	104,779
			0	0
			0	0
			0	0
5.06	Administrative and General	25,706,464	345,588	26,052,052
6.00	Maintenance and Repairs	1,058,509	0	1,058,509
7.00	Operation of Plant	748,869	0	748,869
8.00	Laundry and Linen Service	301,183	0	301,183
9.00	Housekeeping	736,919	0	736,919
10.00	Dietary	1,403,271	0	1,403,271
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	1,573,349	0	1,573,349
14.00	Central Services and Supply	82,759	0	82,759
15.00	Pharmacy	1,067,249	0	1,067,249
16.00	Medical Records & Library	1,290,639	0	1,290,639
17.00	Social Service	424,113	0	424,113
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)		0	0
22.00	Intern & Res. Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (specify)		0	0
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	10,285,650	0	10,285,650
31.00	Intensive Care Unit	1,511,647	0	1,511,647
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (specify)		0	0
40.00	Subprovider - IPF	3,420,225	0	3,420,225
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 877,911	\$ 0	\$ 877,911
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room		0	0
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	1,040,290	0	1,040,290
54.02	Nuclear Medicine	(2,337)	0	(2,337)
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	0
60.00	Laboratory	1,558,875	0	1,558,875
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	0
65.00	Respiratory Therapy	1,151,624	0	1,151,624
66.00	Physical Therapy	585,297	0	585,297
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	1,648,403	0	1,648,403
72.00	Implantable Devices Charged to Patients		0	0
73.00	Drugs Charged to Patients	614,012	0	614,012
74.00	Renal Dialysis	116,525	0	116,525
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)	0	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	65,636	0	65,636
91.00	Emergency	2,303,286	0	2,303,286
92.00	Observation Beds		0	0
93.00	Other Outpatient Services (Specify)		0	0
93.01	Partial Hospitalization	149,783	0	149,783
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	SUBTOTAL	\$ 66,738,595	\$ 361,408	\$ 67,100,003
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
LOS ANGELES METROPOLITAN MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)		0	0
99.00	Outpatient Rehabilitation Provider (specify)		0	0
100.00	Intern-Resident Service (not appvd. 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		0	0
191.00	Research		0	0
192.00	Physicians' Private Offices		0	0
193.00	Nonpaid Workers		0	0
194.00	Public Relations	187,154	0	187,154
194.01	Transportation	146,728	0	146,728
193.03			0	0
193.04			0	0
	SUBTOTAL	\$ 333,882	\$ 0	\$ 333,882
200	TOTAL	\$ 67,072,477	\$ 361,408	\$ 67,433,885

(To Schedule 8)

Provider Name							Fiscal Period			Provider NPI		Adjustments
LOS ANGELES METROPOLITAN MEDICAL CENTER							SEPTEMBER 1, 2010 THROUGH AUGUST 31, 2011			1639195175		5
Report References												
Adj. No.	Audit Report	Work Sheet	Cost Report				Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line	Col.						
<u>ADJUSTMENT TO REPORTED COSTS</u>												
1	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	\$3,393,341	\$15,820	\$3,409,161		
	10A	A			5.06	7	Administrative and General To adjust reported home office costs to agree with the filed Home Office Cost Report. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	25,706,464	345,588	26,052,052		

Provider Name				Fiscal Period				Provider NPI		Adjustments
LOS ANGELES METROPOLITAN MEDICAL CENTER				SEPTEMBER 1, 2010 THROUGH AUGUST 31, 2011				1639195175		5
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 - CONTRACT										
2	Contract 4	D-1	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	13,111	(11,287)	1,824	
3	Contract 6	D-3	XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$825,976	(\$177,104)	\$648,872	
	Contract 6	D-3	XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	0	168	168	
	Contract 6	D-3	XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	1,589,325	(221,499)	1,367,826	
	Contract 6	D-3	XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	5,041,609	(2,506,880)	2,534,729	
	Contract 6	D-3	XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	8,436,652	4,380	8,441,032	
	Contract 6	D-3	XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	2,856,440	(2,277,023)	579,417	
	Contract 6	D-3	XIX	69.00	2	Medi-Cal Ancillary Charges - Electro Cardiology	639,408	(216,426)	422,982	
	Contract 6	D-3	XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,903,882	(122,218)	1,781,664	
	Contract 6	D-3	XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	12,101,269	(2,735,802)	9,365,467	
	Contract 6	D-3	XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	182,961	13,910	196,871	
	Contract 6	D-3	XIX	90.00	2	Medi-Cal Ancillary Charges - Clinic	9,154	(9,154)	0	
	Contract 6	D-3	XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	2,892,024	(1,790,837)	1,101,187	
	Contract 6	D-3	XIX	93.01	2	Medi-Cal Ancillary Charges - Partial Hospitalization	36,923	(36,923)	0	
	Contract 6	D-3	XIX	Total	2	Medi-Cal Ancillary Charges - Total	36,515,623	(10,075,408)	26,440,215	
4	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$27,611,403	(\$20,110,358)	\$7,501,045
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	36,515,623	(10,075,410)	26,440,213
5	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$0	\$42,680	\$42,680
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coninsurance	0	77,188	77,188
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: September 01, 2010 through August 31, 2011 Payment Period: September 01, 2010 through September 30, 2012 Report Date: October 08, 2012 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541										