

**REPORT
ON THE
COST REPORT REVIEW**

**MARINA DEL REY HOSPITAL
MARINA DEL REY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1942269725**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Maria Delgado
Audit Supervisor: Ginn Sampson
Auditor: Ching Chen**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

November 25, 2013

Kermit Newman
Chief Financial Officer
Marina Del Rey Hospital
4640 Admiralty Way, Suite 650
Marina Del Rey, CA 90292

MARINA DEL REY HOSPITAL
NATIONAL PROVIDER IDENTIFIER: 1942269725
FISCAL PERIOD ENDED: DECEMBER 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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited settlement for the fiscal period due the provider in the amount of \$41,610 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Audit Adjustments Schedule

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

Kermit Newman
Page 2

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

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

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1942269725	Reported	\$ 169,171	
	Net Change	\$ (127,561)	
	Audited Amount Due Provider (State)	\$ 41,610	
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:	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	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)		\$ 41,610	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 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)		\$ 41,610	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
MARINA DEL REY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1942269725

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>1,334,927</u>	\$ <u>939,298</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>1,334,927</u>	\$ <u>939,298</u>
6. Interim Payments (Adj 9)	\$ <u>(1,165,756)</u>	\$ <u>(869,853)</u>
7. Balance Due Provider (State)	\$ <u>169,171</u>	\$ <u>69,445</u>
8. Duplicate Payments (Adj)	\$ <u>0</u>	\$ <u>0</u>
9. Credit Balance (Adj 11)	\$ <u>0</u>	\$ <u>(452)</u>
10. Total Noncontract AB 5 AND AB 1183 Reduction	\$ <u>0</u>	\$ <u>(27,383)</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>169,171</u>	\$ <u>41,610</u>
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONSProvider Name:
MARINA DEL REY HOSPITALFiscal Period Ended:
December 31, 2011Provider NPI:
1942269725

1. 10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3. 10% Reduction to Noncontract Services for 01/01/11 Through 4/12/11 (SCHEDULE A-3)	<u>27,383</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	<u>0</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>0</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>27,383</u></u> (To Schedule 1, Line 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008 - NONCONTRACT HOSPITALS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
December 31, 2011

Provider No.
1942269725

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	_____
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u> 0</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	_____
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u> 0.00</u>

AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 09/30/08

7. Audited Medi-Cal Days of Service from 07/1/08 through 09/30/08 (excludes Administrative Days)	_____
8. Audited Medi-Cal Cost For 07/01/08 Through 9/30/08 (Line 6 * Line 7)	\$ <u> 0</u>
9. AB 5 - 10% Cost Reduction for 07/01/08 Through 09/30/08 (Line 8 * 10%)	\$ <u> 0</u>
	(To Schedule A, Line 1)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 1183 REDUCTION TO SERVICES FROM OCTOBER 1, 2008 THROUGH APRIL 5, 2009 - NONCONTRACT HOSPITALS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
December 31, 2011

Provider No.
1942269725

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Medi-Cal Nursery Average Per Diem Cost (Schedule 4A, Line 3)	_____
3. Medi-Cal Nursery Days (Code 171)	_____
4. Less: Medi-Cal Nursery Cost (Line 2 * Line 3)	<u> 0</u>
5. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
6. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	_____
7. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 4, 5 and 6)	\$ <u> 0</u>
8. Total Audited Medi-Cal Days (Schs 4, 4A and 4B, excludes Administrative Days and Nursery Code 171)	<u> </u>
9. Audited Medi-Cal Cost Per Day (Line 7 / Line 8)	\$ <u> 0.00</u>

Audited Cost For Services From 10/01/08 Through 04/05/09

10. Audited Medi-Cal Days of Service from 10/01/08 Through 04/05/09 (excludes Administrative Days and Nursery Days Code 171)	_____
11. Audited Medi-Cal Cost For 10/01/08 Through 04/05/09 (Line 9 * Line 10)	\$ <u> 0</u>
12. Audited Medi-Cal Cost For 10/01/08 Through 04/05/09 with 10% Reduction (Line 11 * 90%)	\$ <u> 0</u>

Audited Cost For Services From 10/01/08 Through 04/05/09 Using the Regional Average Per Diem Contract Rate

13. Regional Average Per Diem Contract Rate (Reduced Rate to 95%)	_____
14. Audited Medi-Cal Days of Service from 10/01/08 Through 04/05/09 (excludes Administrative Days and Nursery Days Code 171)	_____ 0
15. Audited Cost Using the Reduced Regional Average per Diem Contract Rate (Line 13 * Line 14)	_____ 0

AB1183 Reduction for 10/01/08 Through 04/05/09

16. If Line 12 is less than Line 15, then the reduction is Line 11 * 10% \$	<u> 0</u> (To Schedule A, Line 2)
17. If Line 15 is less than Line 12, then the reduction is Line 11 less Line 15	<u> 0</u> (To Schedule A, Line 2)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5 - 10% REDUCTION TO SERVICES FROM JANUARY 1, 2011 THROUGH APRIL 12, 2011 - NONCONTRACT HOSPITALS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
December 31, 2011

Provider NPI:
1942269725

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>955,314</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u> </u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u> </u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u>955,314</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u>310.50</u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u>3,076.70</u>

AB 5 - 10 % Cost Reduction For Services From 01/01/11 Through 04/12/11

7. Audited Medi-Cal Days of Service from 01/01/11 Through 4/12/11(excludes Administrative Days)	<u>89.00</u>
8. Audited Medi-Cal Cost For 01/01/11 Through 4/12/11(Line 6 * Line 7)	\$ <u>273,826</u>
9. AB 5 - 10% Cost Reduction for 01/01/11 Through 4/12/11 (Line 8 * 10%)	\$ <u>27,383</u> (To Schedule A, Line 3)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH APRIL 12, 2011 - HFPA<3 HOSPITALS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
December 31, 2011

Provider No.
1942269725

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	_____
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u> 0</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	_____
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u> 0.00</u>

AB 5 - 10 % Cost Reduction For Services From 07/01/08 Through 04/12/11

7. Audited Medi-Cal Days of Service from 07/01/08 Through 04/12/11 (excludes Administrative Days)	_____
8. Audited Medi-Cal Cost For 07/01/08 Through 04/12/11 (Line 6 * Line 7)	\$ <u> 0</u>
9. AB 5 - 10% Cost Reduction for 07/01/08 Through 04/12/11 (Line 8 * 10%)	\$ <u> 0</u>
	(To Schedule A, Line 4)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH OCTOBER 31, 2008 - SMALL RURAL HOSPITALS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
December 31, 2011

Provider No.
1942269725

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)	_____
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u> 0</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)	_____
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u> 0.00</u>

AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 10/31/08

7. Audited Medi-Cal Days of Service from 07/1/08 Through 10/31/08(exclude Administrative Days)	_____
8. Audited Medi-Cal Cost For 07/01/08 Through 10/31/08 (Line 6 * Line 7)	\$ <u> 0</u>
9. AB 5 - 10% Cost Reduction for 07/01/08 Through 10/31/08 (Line 8 * 10%)	\$ <u> 0</u> (To Schedule A, Line 5)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2009 THROUGH FEBRUARY 23, 2010 - SMALL RURAL HOSPITALS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
December 31, 2011

Provider No.
1942269725

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)	_____
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u> 0</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)	_____
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u> 0.00</u>

AB 5 - 10% Cost Reduction For Services From 07/01/09 Through 02/23/10

7. Audited Medi-Cal Days of Service from 07/1/09 Through 02/23/10 (exclude Administrative Days)	_____
8. Audited Medi-Cal Cost For 07/01/09 Through 02/23/10 (Line 6 * Line 7)	\$ <u> 0</u>
9. AB 5 - 10% Cost Reduction for 07/01/09 Through 02/23/10 (Line 8 * 10%)	\$ <u> 0</u> (To Schedule A, Line 6)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
MARINA DEL REY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1942269725

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 1,349,272 \$ 955,314

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 7) \$ 2,040,957 \$ 1,464,7003. Inpatient Ancillary Service Charges (Adj 7) \$ 5,080,482 \$ 3,736,4234. Total Charges - Medi-Cal Inpatient Services \$ 7,121,439 \$ 5,201,1235. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 5,772,167 \$ 4,245,8096. 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:
MARINA DEL REY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1942269725

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	14,525	14,525
2. Inpatient Days (include private, exclude swing-bed)	14,525	14,525
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	14,525	14,525
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) (Adjs 5, 10)	328	217

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 17,539,473	\$ 15,911,493
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 17,539,473	\$ 15,911,493

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 53,299,485	\$ 53,299,485
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 53,299,485	\$ 53,299,485
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.329074	\$ 0.298530
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 3,669.50	\$ 3,669.50
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 17,539,473	\$ 15,911,493

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,207.54	\$ 1,095.46
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 396,073	\$ 237,167
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 257,742	\$ 203,570
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 653,815	\$ 440,737

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1942269725

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)	\$ 5,975,365	\$ 5,472,567
7. Total Inpatient Days (Adj)	2,527	2,527
8. Average Per Diem Cost	\$ 2,364.61	\$ 2,165.64
9. Medi-Cal Inpatient Days (Adjs 5, 10)	109	94
10. Cost Applicable to Medi-Cal	\$ 257,742	\$ 203,570
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
31. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj)	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0	0
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 257,742	\$ 203,570

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MARINA DEL REY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1942269725

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
26. Total Inpatient Routine Cost (Sch 8, Line ____, 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)	\$ 0	\$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1942269725

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
50.00	Operating Room	\$ 10,099,050	\$ 80,834,978	0.124934	\$ 240,015	\$ 29,986
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	3,628,117	20,734,748	0.174978	158,535	27,740
54.01	Endoscopy	341,153	3,028,600	0.112644	18,000	2,028
54.02	Ultra Sound	583,241	4,551,828	0.128133	23,184	2,971
57.00	Computed Tomography (CT) Scan	913,406	25,286,340	0.036122	207,310	7,489
58.00	Magnetic Resonance Imaging (MRI)	343,520	5,040,972	0.068146	25,262	1,721
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	4,294,082	39,891,716	0.107643	645,809	69,517
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.	156,974	484,836	0.323768	15,213	4,925
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	1,561,095	9,122,961	0.171117	187,233	32,039
66.00	Physical Therapy	759,505	3,153,938	0.240812	22,830	5,498
67.00	Occupational Therapy	319,347	482,796	0.661454	3,424	2,265
68.00	Speech Pathology	153,278	899,498	0.170404	283	48
69.00	Electrocardiology	2,907	0	0.000000	0	0
70.00	Electroencephalography	117,602	372,267	0.315908	63,096	19,933
71.00	Medical Supplies Charged to Patients	21,058,499	62,639,948	0.336183	385,766	129,688
72.00	Implantable Devices Charged to Patients	0	0	0.000000	0	0
73.00	Drugs Charged to Patients	5,449,841	66,498,611	0.081954	1,463,994	119,980
74.00	Renal Dialysis	179,001	1,304,900	0.137176	42,026	5,765
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	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	4,452,435	1,000,837	4.448712	0	0
91.00	Emergency	6,173,906	27,318,269	0.225999	234,444	52,984
92.00	Observation Beds	0	1,270,554	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	\$ 60,586,961	\$ 353,918,597		\$ 3,736,423	\$ 514,577

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1942269725

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 6)	AUDITED
50.00	Operating Room	\$ 369,109	\$ (129,094)	\$ 240,015
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	217,350	(58,815)	158,535
54.01	Endoscopy	19,101	(1,101)	18,000
54.02	Ultra Sound	64,807	(41,623)	23,184
57.00	Computed Tomography (CT) Scan	275,741	(68,431)	207,310
58.00	Magnetic Resonance Imaging (MRI)	35,841	(10,579)	25,262
59.00	Cardiac Catheterization			0
60.00	Laboratory	879,713	(233,904)	645,809
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.	17,184	(1,971)	15,213
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	347,283	(160,050)	187,233
66.00	Physical Therapy	60,698	(37,868)	22,830
67.00	Occupational Therapy	13,244	(9,820)	3,424
68.00	Speech Pathology	15,783	(15,500)	283
69.00	Electrocardiology			0
70.00	Electroencephalography	8,201	54,895	63,096
71.00	Medical Supplies Charged to Patients	387,288	(1,522)	385,766
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	2,015,483	(551,489)	1,463,994
74.00	Renal Dialysis	80,053	(38,028)	42,026
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
77.00				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			0
91.00	Emergency	273,603	(39,160)	234,444
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 5,080,482	\$ (1,344,059)	\$ 3,736,423

(To Schedule 5)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 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 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 Medical Office Building	0	0	0	0	0	0	0	0	0	0	1,586,696	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 Retail Pharmacy	0	13,652	1,507	1,385	0	0	230,513	0	0	0	1,348,377	0
194.01 Business Development	0	9,055	0	1,686	0	0	99,945	0	0	0	588,447	0
194.02 Memorial	0	0	0	0	0	0	85	0	0	0	499	0
194.03 Doctor Meals	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>2,218,082</u>	<u>553,046</u>	<u>275,693</u>	<u>1,374,560</u>	<u>3,084,689</u>	<u>14,999,613</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>87,767,052</u>	<u>0</u>

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 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 Medical Office Building	570,005	1,383,803	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 Retail Pharmacy	6,999	16,992	0	7,989	0	11,527	0	0	0	0	0	0
194.01 Business Development	0	0	0	0	0	4,998	0	0	50	0	0	0
194.02 Memorial	0	0	0	0	0	0	0	0	0	0	0	0
194.03 Doctor Meals	0	0	0	0	269,648	0	0	0	0	0	0	0
0												
TOTAL	<u>2,160,362</u>	<u>3,815,966</u>	<u>434,057</u>	<u>1,127,546</u>	<u>2,205,509</u>	<u>1,518,525</u>	<u>0</u>	<u>1,684,042</u>	<u>443,341</u>	<u>2,075,615</u>	<u>1,971,011</u>	<u>259,526</u>

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 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 Medical Office Building	0	0	0	0	0	0	0	3,540,505	0	0	3,540,505
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 Retail Pharmacy	0	0	0	0	0	0	0	1,391,884	0	0	1,391,884
194.01 Business Development	0	0	0	0	0	0	0	593,495	0	0	593,495
194.02 Memorial	0	0	0	0	0	0	0	499	0	0	499
194.03 Doctor Meals	0	0	0	0	0	0	0	269,648	0	0	269,648
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>87,767,052</u>	<u>0</u>	<u>87,767,052</u>

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES)	STAT 5.01 (Adj)	STAT 5.02 (Adj)	STAT 5.03 (Adj)	STAT 5.04 (Adj)	STAT 5.05 (Adj)	STAT 5.06 (Adj)	STAT 5.07 (Adj)	STAT 5.08 (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00 (Adj)
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	Nonpatient Telephones	270,409										
5.02	Purchasing Receiving and Stores	176,394										
5.03	Admitting	1,099,771	17	27,604								
5.04	Cashiering / Accounts Receivable	872,753	20	5,438								
5.05	Other Administrative and General	3,772,484	65	93,554								
5.06												
5.07												
5.08												
5.00	Administrative and General											
6.00	Maintenance and Repairs	516,991	9	21,175		1,800,798				2,160,362		
7.00	Operation of Plant	193,876	4	3,829		3,313,828				3,227,447	44,565	
8.00	Laundry and Linen Service		1	1,279		350,292				414,457	433	
9.00	Housekeeping		1	69,557		923,374				1,099,029	630	
10.00	Dietary	738,561	8	6,990		1,763,759				2,091,467	1,890	
11.00	Cafeteria					87,319				77,409	1,620	
12.00	Maintenance of Personnel									0		
13.00	Nursing Administration	1,069,097	2	15,724		1,332,091				1,591,729	688	
14.00	Central Services and Supply	172,591	9	3,726		298,728				334,775	1,446	
15.00	Pharmacy	1,291,659	12	20,223		1,651,853				1,975,336	760	
16.00	Medical Records & Library	911,301	23	31,664		1,511,742				1,785,093	1,995	
17.00	Social Service	102,247		311		174,347				192,364	1,026	
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)	7,175,321	32	74,259	53,299,485	54,570,039	10,503,917			12,274,236	21,254	
31.00	Intensive Care Unit	2,493,145	19	18,143	18,014,139	18,014,139	3,746,444			4,397,187	6,480	
32.00	Coronary Care Unit									0		
33.00	Burn Intensive Care Unit									0		
34.00	Surgical Intensive Care Unit									0		
35.00	Other Special Care (specify)									0		
40.00	Subprovider - IPF									0		
41.00	Subprovider - IRF									0		
42.00	Subprovider (specify)									0		
43.00	Nursery									0		
44.00	Skilled Nursing Facility									0		
45.00	Nursing Facility									0		
46.00	Other Long Term Care									0		
47.00										0		

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES)	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)							
	4.00 (Adj)	5.01 (Adj)	5.02 (Adj)	5.03 (Adj)	5.04 (Adj)	5.05 (Adj)	5.06 (Adj)	5.07 (Adj)	5.08 (Adj)			5.00	6.00 (Adj 4)
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 Medical Office Building												1,586,696	43,163
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 Retail Pharmacy	224,816	1	3,540			1,127,169						1,348,377	530
194.01 Business Development	149,109		4,310			488,711						588,447	
194.02 Memorial						414						499	
194.03 Doctor Meals												0	
TOTAL	36,527,226	367	704,816	305,019,607	425,232,221	73,345,403	0	0	0			87,767,052	163,591
COST TO BE ALLOCATED	2,218,082	553,046	275,693	1,374,560	3,084,688	14,999,613	0	0	0			0	2,160,362
UNIT COST MULTIPLIER - SCH 8	0.060724	1506.936819	0.391156	0.004506	0.007254	0.204507	0.000000	0.000000	0.000000			0.000000	13.205874

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT) 7.00 (Adj) (Adj 4)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj) (Adj)	HOUSE- KEEPING (SQ FT) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj) (Adj)	CAFETERIA (PAID FTE'S) 11.00 (Adj) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj) (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj) (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj) (Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Nonpatient Telephones											
5.02	Purchasing Receiving and Stores											
5.03	Admitting											
5.04	Cashiering / Accounts Receivable											
5.05	Other Administrative and General											
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 433											
9.00	Housekeeping 630											
10.00	Dietary 1,890 1,890											
11.00	Cafeteria 1,620 1,620 111,560											
12.00	Maintenance of Personnel											
13.00	Nursing Administration 688 688 996											
14.00	Central Services and Supply 1,446 2,464 1,446 379											
15.00	Pharmacy 760 760 1,067											
16.00	Medical Records & Library 1,995 1,995 1,285											
17.00	Social Service 1,026 1,026 103											
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) 21,254 119,054 21,254 42,161 7,496 154,210 2,475 92,040 54,570,039 1,007											
31.00	Intensive Care Unit 6,480 186,538 6,480 4,530 2,034 42,315 1,433 31,903 18,014,139 182											
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:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 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 4)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
112.00 Other Organ Acquisition (specify)												
113.00 Interest Expense												
114.00 Utilization Review-SNF												
115.00 Ambulatory Surgical Center (Distinct Part)												
116.00 Hospice												
117.00 Medical Office Building	43,163											
190.00 Gift, Flower, Coffee Shop, & Canteen												
191.00 Research												
192.00 Physicians' Private Offices												
193.00 Nonpaid Workers												
194.00 Retail Pharmacy	530		530		226							
194.01 Business Development					98			562				
194.02 Memorial												
194.03 Doctor Meals				22,393								
TOTAL	119,026	539,104	74,800	183,157	29,773	0	323,295	4,974,057	2,061,131	425,232,221	1,189	0
COST TO BE ALLOCATED	3,815,966	434,057	1,127,546	2,205,509	1,518,525	0	1,684,042	443,341	2,075,615	1,971,011	259,526	0
UNIT COST MULTIPLIER - SCH 8	32.059940	0.805145	15.074147	12.041633	51.003416	0.000000	5.208995	0.089131	1.007027	0.004635	218.272580	0.000000

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

NONPHYSICIAN	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 Nonpatient Telephones
- 5.02 Purchasing Receiving and Stores
- 5.03 Admitting
- 5.04 Cashiering / Accounts Receivable
- 5.05 Other Administrative and General
- 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)
- 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:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 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						
54.01	Endoscopy						
54.02	Ultra Sound						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
61.00	PBP Clinical Laboratory Services-Program Only						
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, & Trans.						
64.00	Intravenous Therapy						
65.00	Respiratory Therapy						
66.00	Physical Therapy						
67.00	Occupational Therapy						
68.00	Speech Pathology						
69.00	Electrocardiology						
70.00	Electroencephalography						
71.00	Medical Supplies Charged to Patients						
72.00	Implantable Devices Charged to Patients						
73.00	Drugs Charged to Patients						
74.00	Renal Dialysis						
75.00	ASC (Non-Distinct Part)						
76.00	Other Ancillary (specify)						
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						
91.00	Emergency						
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
NONREIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable (specify)						
99.00	Outpatient Rehabilitation Provider (specify)						
100.00	Intern-Resident Service (not appvd. tchn. prgm.)						
101.00	Home Health Agency						

TRIAL BALANCE OF EXPENSES

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 3,099,377	\$ (750,000) \$ 2,349,377
2.00	Capital Related Costs-Movable Equipment	4,248,888	0 4,248,888
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	2,185,769	0 2,185,769
5.01	Nonpatient Telephones	531,479	0 531,479
5.02	Purchasing Receiving and Stores	213,517	0 213,517
5.03	Admitting	1,264,083	0 1,264,083
5.04	Cashiering / Accounts Receivable	2,885,431	0 2,885,431
5.05	Other Administrative and General	15,778,160	(1,500,000) 14,278,160
5.06			0 0
5.07			0 0
5.08			0 0
5.00	Administrative and General		0 0
6.00	Maintenance and Repairs	1,722,306	0 1,722,306
7.00	Operation of Plant	892,214	0 892,214
8.00	Laundry and Linen Service	324,895	0 324,895
9.00	Housekeeping	858,319	0 858,319
10.00	Dietary	1,601,651	0 1,601,651
11.00	Cafeteria		0 0
12.00	Maintenance of Personnel		0 0
13.00	Nursing Administration	1,219,932	0 1,219,932
14.00	Central Services and Supply	195,027	0 195,027
15.00	Pharmacy	1,505,155	0 1,505,155
16.00	Medical Records & Library	1,300,212	0 1,300,212
17.00	Social Service	112,662	0 112,662
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)	8,195,774	0 8,195,774
31.00	Intensive Care Unit	2,993,827	0 2,993,827
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		0 0
41.00	Subprovider - IRF		0 0
42.00	Subprovider (specify)		0 0
43.00	Nursery		0 0
44.00	Skilled Nursing Facility		0 0
45.00	Nursing Facility		0 0
46.00	Other Long Term Care		0 0
47.00			0 0

TRIAL BALANCE OF EXPENSES

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 5,668,619	\$ 5,668,619
51.00	Recovery Room		0
52.00	Labor Room and Delivery Room		0
53.00	Anesthesiology		0
54.00	Radiology-Diagnostic	2,018,840	2,018,840
54.01	Endoscopy	194,080	194,080
54.02	Ultra Sound	362,378	362,378
57.00	Computed Tomography (CT) Scan	390,568	390,568
58.00	Magnetic Resonance Imaging (MRI)	190,661	190,661
59.00	Cardiac Catheterization		0
60.00	Laboratory	2,426,927	2,426,927
61.00	PBP Clinical Laboratory Services-Program Only		0
62.00	Whole Blood & Packed Red Blood Cells		0
63.00	Blood Storing, Processing, & Trans.	93,700	93,700
64.00	Intravenous Therapy		0
65.00	Respiratory Therapy	1,011,526	1,011,526
66.00	Physical Therapy	451,763	451,763
67.00	Occupational Therapy	237,161	237,161
68.00	Speech Pathology	104,020	104,020
69.00	Electrocardiology		0
70.00	Electroencephalography	87,013	87,013
71.00	Medical Supplies Charged to Patients	16,200,279	16,200,279
72.00	Implantable Devices Charged to Patients		0
73.00	Drugs Charged to Patients	2,072,166	2,072,166
74.00	Renal Dialysis	107,375	107,375
75.00	ASC (Non-Distinct Part)		0
76.00	Other Ancillary (specify)		0
77.00			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	2,076,359	2,076,359
91.00	Emergency	3,634,926	3,634,926
92.00	Observation Beds		0
93.00	Other Outpatient Services (Specify)		0
93.01			0
93.02			0
93.03			0
93.04			0
93.05			0
	SUBTOTAL	\$ 88,457,039	\$ (2,250,000) \$ 86,207,039
NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis		0
95.00	Ambulance Services		0
96.00	Durable Medical Equipment-Rented		0
97.00	Durable Medical Equipment-Sold		0

STATE OF CALIFORNIA

SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name:
MARINA DEL REY HOSPITAL

Fiscal Period Ended:
DECEMBER 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	Medical Office Building		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	Retail Pharmacy	1,081,837	0	1,081,837
194.01	Business Development	477,762	0	477,762
194.02	Memorial	414	0	414
194.03	Doctor Meals		0	0
	SUBTOTAL	\$ 1,560,013	\$ 0	\$ 1,560,013
200	TOTAL	\$ 90,017,052	\$ (2,250,000)	\$ 87,767,052

(To Schedule 8)

Provider Name							Fiscal Period	Provider NPI		Adjustments
MARINA DEL REY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1942269725		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<u>MEMORANDUM ADJUSTMENT</u>										
1							The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified on AB 5 and AB 1183. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, line 10. W & I Code Sections 14105.19 and 14166.245			

Provider Name							Fiscal Period	Provider NPI		Adjustments
MARINA DEL REY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1942269725		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
2	10A	A			1.00	7	Old Capital Related Costs - Building and Fixtures To disallow related organization expenses that are not part of the cost of ownership. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 1005, 1011.5 and 2304	\$3,099,377	(\$750,000)	\$2,349,377
3	10A	A			5.05	7	Other Administrative and General To disallow management fees from a related organization. 42 CFR 413.17 and 413.24 / CMS Pub. 15-1, Section 2150	\$15,778,160	(\$1,500,000)	\$14,278,160

Provider Name							Fiscal Period		Provider NPI		Adjustments
MARINA DEL REY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1942269725		11
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENT TO REPORTED STATISTICS</u>											
4	9	B-1			117.00	1, 2	Medical Office Building (Square Feet)	0	43,163	43,163	
	9	B-1			117.00	6	Medical Office Building	0	43,163	43,163	
	9	B-1			117.00	7	Medical Office Building	0	43,163	43,163	
	9	B-1			1.00-2.00	1, 2	Total - Square Feet	136,330	43,163	179,493	
	9	B-1			6.00	6	Total - Square Feet	120,428	43,163	163,591	
	9	B-1			7.00	7	Total - Square Feet	75,863	43,163	119,026	
							To establish square footage statistics in a nonreimbursable cost center for the Medical Office Building. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304, 2306 and 2328				

Provider Name							Fiscal Period	Provider NPI		Adjustments
MARINA DEL REY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1942269725		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA										
5	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adult and Pediatrics	328	(110)	218 *
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	109	(12)	97 *
6	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$369,109	(\$129,094)	\$240,015
	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	217,350	(58,815)	158,535
	6	D-3		XIX	54.01	2	Medi-Cal Ancillary Charges - Endoscopy	19,101	(1,101)	18,000
	6	D-3		XIX	54.02	2	Medi-Cal Ancillary Charges - Ultra Sound	64,807	(41,623)	23,184
	6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - CT Scan	275,741	(68,431)	207,310
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	35,841	(10,579)	25,262
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	879,713	(233,904)	645,809
	6	D-3		XIX	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing and Transfusion	17,184	(1,971)	15,213
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	347,283	(160,050)	187,233
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	60,698	(37,868)	22,830
	6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	13,244	(9,820)	3,424
	6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	15,783	(15,500)	283
	6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	8,201	54,895	63,096
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	387,288	(1,522)	385,766
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,015,483	(551,489)	1,463,994
	6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	80,053	(38,028)	42,026
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	273,603	(39,160)	234,444
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	5,080,482	(1,344,059)	3,736,423
7	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$2,040,957	(\$576,257)	\$1,464,700
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	5,080,482	(1,344,059)	3,736,423
8	3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	\$1,372	\$1,671	\$3,043

-Continued on next page-

Provider Name							Fiscal Period	Provider NPI		Adjustments	
MARINA DEL REY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1942269725		11	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA											
-Continued from previous page-											
9	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payments	\$1,165,756	(\$295,903)	\$869,853	
							To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through August 31, 2012 Report Date: September 19, 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				
10	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adult and Pediatrics	*	218	(1.50)	216.50
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	*	97	(3)	94
							To eliminate Medi-Cal days for billed Medi-Cal days by 25% and 50% for claims submitted during the 7th through the 9th month (RAD Code 475) and 10th through 12th month (RAD Code 476) after the month of service, respectively. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51458.1 W&I Code 14115				

Provider Name							Fiscal Period	Provider NPI		Adjustments
MARINA DEL REY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1942269725		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO OTHER MATTERS</u>										
11	1	Not Reported					Credit Balances	\$0	\$452	\$452
							To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1			