REPORT
ON THE
COST REPORT REVIEW

SOUTHWEST HEALTHCARE SYSTEM
WILDOMAR, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1245221050

FISCAL PERIOD ENDED
DECEMBER 31, 2011

Audits Section—Santa Ana
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Margaret A. Varho
Audit Supervisor: Felipe Avila
Auditor: Favio Arrieta

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

Date: June 26, 2013

Administrator
Southwest Healthcare System
36485 Inland Valley Drive
Wildomar, CA 92595

SOUTHWEST HEALTHCARE SYSTEM
NATIONAL PROVIDER IDENTIFIER (NPI) 1245221050
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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of $28,980, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings

2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)

3. Computation of Medi-Cal Cost (CONTRACT Schedules)

4. Audit Adjustments Schedule

605 West Santa Ana Blvd., Building 28, Room 830, Santa Ana, CA 92701-4036
(714) 558-4434 (714) 558-4179 fax
Internet Address: www.dhcs.ca.gov

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

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—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	Provider NPI: 1245221050		
	Reported	$ 0	
	Net Change	$ (391)	
	Audited Amount Due Provider (State)	$ (391)	
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: 1245221050		
	Reported		$ 19,536,891
	Net Change		$ (1,299,454)
	Audited Cost		$ 18,237,438
	Audited Amount Due Provider (State)	$ (28,589)	
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)**	$ (28,980)	
9.	**Total Medi-Cal Cost**		$ 18,237,438

SUMMARY OF FINDINGS

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

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)**	$ (28,980)

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

				REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)			$ 0	$ 10,292
2.	Excess Reasonable Cost Over Charges (Schedule 2)			$ 0	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services			$ 0	$ N/A
4.		$	$	0	0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)			$ 0	$ 10,292
6.	Interim Payments (Adj 8)			$	$ (10,683)
7.	Balance Due Provider (State)			$ 0	$ (391)
8.	Duplicate Payments (Adj)			$ 0	$ 0
9.		$	$	0	0
10.		$	$	0	0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)			$ 0	$ (391)

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: NONCONTRACT

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

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 0	$ 11,232
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 7)	$ 0	$ 21,033
3. Inpatient Ancillary Service Charges (Adj 7)	$ 0	$ 15,760
4. Total Charges - Medi-Cal Inpatient Services	$ 0	$ 36,793
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 0	$ 25,561
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
		(To Schedule 1)

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

STATE OF CALIFORNIA

SCHEDULE 3
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

				REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)			$ 0	$ 2,633
2.	Medi-Cal Inpatient Routine Services (Schedule 4)			$ 0	$ 8,599
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)			$ 0	$ 0
4.		$	$	0	0
5.		$	$	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)			$ 0	$ 11,232
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)			$ (See Schedule 1)	$ 0
8.	SUBTOTAL			$ 0	$ 11,232
				(To Schedule 2)	
9.	Medi-Cal Deductible (Adj)			$ 0	$ 0
10.	Medi-Cal Coinsurance (Adj 8)			$ 0	$ (940)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients			$ 0	$ 10,292
				(To Schedule 1)	

STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	57,414	57,414
2. Inpatient Days (include private, exclude swing-bed)	57,414	57,414
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	57,414	57,414
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0
SWING-BED ADJUSTMENT		
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	$ 0.00	$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	$ 0.00	$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	$ 0.00	$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	$ 0.00	$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	$ 65,404,932	$ 65,404,919
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)	$ 65,404,932	$ 65,404,919
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	$ 80,345,710	$ 80,345,710
29. Private Room Charges (excluding swing-bed charges)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	$ 80,345,710	$ 80,345,710
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.814044	$ 0.814044
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)	$ 1,399.41	$ 1,399.41
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)	$ 65,404,932	$ 65,404,919
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 1,139.18	$ 1,139.18
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 0	$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	$ 0	$ 8,599
41. Cost Applicable to Medi-Cal (Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	$ 0	$ 8,599

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	$ 3,770,627	$ 3,770,629
2. Total Inpatient Days (Adj)	6,470	6,470
3. Average Per Diem Cost	$ 582.79	$ 582.79
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)	$ 14,677,274	$ 14,677,281
7. Total Inpatient Days (Adj)	5,733	5,733
8. Average Per Diem Cost	$ 2,560.14	$ 2,560.14
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	$ 0	$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	$ 0	$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	$ 0.00	$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	$ 0	$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	$ 0.00	$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	$ 0	$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	$ 0	$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	$ 0	$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	$ 0.00	$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS (AUGUST 1, 2010 THROUGH JULY 31, 2011)		
31. Per Diem Rate (Adj 5)	$ 0.00	$ 409.48
32. Medi-Cal Inpatient Days (Adj 5)	0	21
33. Cost Applicable to Medi-Cal	$ 0	$ 8,599
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)	$ 0	$ 8,599

(To Schedule 4)

STATE OF CALIFORNIA

SCHEDULE 4B
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

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:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 17,449,325	$ 50,968,276	0.342357	$ 0	$ 0
51.00	Recovery Room	2,950,653	8,008,828	0.368425	0	0
52.00	Delivery Room and Labor Room	11,762,556	13,379,749	0.879131	157	138
53.00	Anesthesiology	220,968	16,804,487	0.013149	0	0
54.00	Radiology-Diagnostic	7,580,020	34,074,057	0.222457	1,009	224
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	984,504	5,253,361	0.187405	0	0
57.00	Computed Tomography (CT) Scan	3,774,352	79,602,251	0.047415	0	0
58.00	Magnetic Resonance Imaging (MRI)	1,201,578	5,684,040	0.211395	0	0
59.00	Cardiac Catheterization	659,183	312,084	2.112197	0	0
60.00	Laboratory	10,356,428	59,397,070	0.174359	2,176	379
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	6,182,762	22,760,379	0.271646	0	0
66.00	Physical Therapy	2,006,703	4,198,624	0.477943	682	326
67.00	Occupational Therapy	199,677	432,420	0.461765	75	35
68.00	Speech Pathology	254,249	464,388	0.547493	0	0
69.00	Electrocardiology	1,455,028	18,121,297	0.080294	0	0
70.00	Electroencephalography	156,084	242,779	0.642905	0	0
71.00	Medical Supplies Charged to Patients	6,573,678	29,632,231	0.221842	0	0
72.00	Implantable Devices Charged to Patients	10,295,197	29,851,932	0.344875	0	0
73.00	Drugs Charged to Patients	13,006,184	99,091,849	0.131254	11,661	1,531
74.00	Renal Dialysis	1,103,289	3,682,158	0.299631	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
75.01	Endoscopy	974,785	2,765,641	0.352463	0	0
75.02	Hyperbaric	546,131	4,003,725	0.136406	0	0
75.03	Wound Clinic	445,703	2,476,652	0.179962	0	0
75.04	Special Procedure	2,648,735	4,822,013	0.549301	0	0
75.05	Oncology	141,678	249,202	0.568525	0	0
75.06	Imaging Center	1,064,918	907,033	1.174068	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	29,406,102	110,372,590	0.266426	0	0
92.00	Observation Beds	0	4,431,020	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	$ 133,400,468	$ 611,990,136		$ 15,760	$ 2,633

(To Schedule 3)

* From Schedule 8, Column 26

STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: NONCONTRACT

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 6)	AUDITED
50.00	Operating Room	$ 0	$ 0	$ 0
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	0	157	157
53.00	Anesthesiology	0	0	0
54.00	Radiology-Diagnostic	0	1,009	1,009
55.00	Radiology-Therapeutic	0	0	0
56.00	Radioisotope	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0
59.00	Cardiac Catheterization	0	0	0
60.00	Laboratory	0	2,176	2,176
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	0	0	0
66.00	Physical Therapy	0	682	682
67.00	Occupational Therapy	0	75	75
68.00	Speech Pathology	0	0	0
69.00	Electrocardiology	0	0	0
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	0	0	0
72.00	Implantable Devices Charged to Patients	0	0	0
73.00	Drugs Charged to Patients	0	11,661	11,661
74.00	Renal Dialysis	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0
75.01	Endoscopy	0	0	0
75.02	Hyperbaric	0	0	0
75.03	Wound Clinic	0	0	0
75.04	Special Procedure	0	0	0
75.05	Oncology	0	0	0
75.06	Imaging Center	0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	0	0	0
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 0	$ 15,760	$ 15,760

(To Schedule 5)

STATE OF CALIFORNIA

SCHEDULE 7
PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$ 0	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000	0	0
55.00	Radioisotope	0	0	0.000000	0	0
60.00	Laboratory	0	0	0.000000	0	0
69.00	Electrocardiology	0	0	0.000000	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
91.00	Emergency	0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

				REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)			$ 19,536,891	$ 18,237,438
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)			$ 19,536,891	$ 18,237,438
6.		$	$	0	0
7.		$	$	0	0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)			$ 19,536,891	$ 18,237,438
				(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adj)			$ 0	$ 0
10.	Medi-Cal Credit Balances (Adj 9)			$ 0	$ (28,589)
11.		$	$	0	0
12.		$	$	0	0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)			$ 0	$ (28,589)
				(To Summary of Findings)	

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

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	$ 19,536,891	$ 18,539,308
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 3)	$ 10,069,294	$ 12,759,766
3. Inpatient Ancillary Service Charges (Adj 3)	$ 27,941,193	$ 36,053,927
4. Total Charges - Medi-Cal Inpatient Services	$ 38,010,487	$ 48,813,693
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 18,473,596	$ 30,274,385
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
	(To Contract Sch 1)	

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

COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

		REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	$ 9,924,097	$ 7,875,240
2.	Medi-Cal Inpatient Routine Services (Contract Sch 4)	$ 9,612,794	$ 10,664,068
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	$ 0	$ 0
4.	Medical and Other Services	$	$ 0
5.	$ $	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)	$ 19,536,891	$ 18,539,308
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	$ (See Contract Sch 1)	$ 0
8.	SUBTOTAL	$ 19,536,891 (To Contract Sch 2)	$ 18,539,308
9.	Medi-Cal Deductible (Adj 4)	$ 0	$ (45,700)
10.	Medi-Cal Coinsurance (Adj 4)	$ 0	$ (256,170)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$ 19,536,891 (To Contract Sch 1)	$ 18,237,438

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	57,414	57,414
2. Inpatient Days (include private, exclude swing-bed)	57,414	57,414
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	57,414	57,414
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 1)	6,090	6,653
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)	$ 65,404,932	$ 65,404,919
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)	$ 65,404,932	$ 65,404,919
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	$ 80,345,710	$ 80,345,710
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	$ 80,345,710	$ 80,345,710
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.814044	$ 0.814044
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)	$ 1,399.41	$ 1,399.41
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)	$ 65,404,932	$ 65,404,919
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 1,139.18	$ 1,139.18
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 6,937,606	$ 7,578,965
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	$ 2,675,188	$ 3,085,103
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	$ 9,612,794	$ 10,664,068

(To Contract Sch 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	$ 3,770,627	$ 3,770,629
2. Total Inpatient Days (Adj)	6,470	6,470
3. Average Per Diem Cost	$ 582.79	$ 582.79
4. Medi-Cal Inpatient Days (Adj 1)	2,060	1,876
5. Cost Applicable to Medi-Cal	$ 1,200,547	$ 1,093,314
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	$ 14,677,274	$ 14,677,281
7. Total Inpatient Days (Adj)	5,733	5,733
8. Average Per Diem Cost	$ 2,560.14	$ 2,560.14
9. Medi-Cal Inpatient Days (Adj 1)	576	778
10. Cost Applicable to Medi-Cal	$ 1,474,641	$ 1,991,789
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)	$ 2,675,188	$ 3,085,103

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

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 Contract Sch 4)	

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 17,449,325	$ 50,968,276	0.342357	$ 3,221,385	$ 1,102,862
51.00	Recovery Room	2,950,653	8,008,828	0.368425	422,099	155,512
52.00	Delivery Room and Labor Room	11,762,556	13,379,749	0.879131	1,250,984	1,099,779
53.00	Anesthesiology	220,968	16,804,487	0.013149	1,283,353	16,875
54.00	Radiology-Diagnostic	7,580,020	34,074,057	0.222457	1,307,016	290,755
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	984,504	5,253,361	0.187405	333,399	62,480
57.00	Computed Tomography (CT) Scan	3,774,352	79,602,251	0.047415	2,161,461	102,486
58.00	Magnetic Resonance Imaging (MRI)	1,201,578	5,684,040	0.211395	317,374	67,091
59.00	Cardiac Catheterization	659,183	312,084	2.112197	47,390	100,097
60.00	Laboratory	10,356,428	59,397,070	0.174359	3,760,172	655,621
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	6,182,762	22,760,379	0.271646	3,777,467	1,026,133
66.00	Physical Therapy	2,006,703	4,198,624	0.477943	272,820	130,392
67.00	Occupational Therapy	199,677	432,420	0.461765	56,231	25,966
68.00	Speech Pathology	254,249	464,388	0.547493	32,761	17,936
69.00	Electrocardiology	1,455,028	18,121,297	0.080294	650,929	52,266
70.00	Electroencephalography	156,084	242,779	0.642905	13,940	8,962
71.00	Medical Supplies Charged to Patients	6,573,678	29,632,231	0.221842	2,350,467	521,433
72.00	Implantable Devices Charged to Patients	10,295,197	29,851,932	0.344875	474,279	163,567
73.00	Drugs Charged to Patients	13,006,184	99,091,849	0.131254	10,188,226	1,337,244
74.00	Renal Dialysis	1,103,289	3,682,158	0.299631	455,191	136,389
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
75.01	Endoscopy	974,785	2,765,641	0.352463	137,917	48,611
75.02	Hyperbaric	546,131	4,003,725	0.136406	0	0
75.03	Wound Clinic	445,703	2,476,652	0.179962	0	0
75.04	Special Procedure	2,648,735	4,822,013	0.549301	317,357	174,324
75.05	Oncology	141,678	249,202	0.568525	0	0
75.06	Imaging Center	1,064,918	907,033	1.174068	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	29,406,102	110,372,590	0.266426	2,171,181	578,459
92.00	Observation Beds	0	4,431,020	0.000000	1,050,528	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	$ 133,400,468	$ 611,990,136		$ 36,053,927	$ 7,875,240

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 2)	AUDITED
50.00	Operating Room	$ 781,386	$ 2,439,999	$ 3,221,385
51.00	Recovery Room	139,660	282,439	422,099
52.00	Delivery Room and Labor Room	6,563,050	(5,312,066)	1,250,984
53.00	Anesthesiology	266,016	1,017,337	1,283,353
54.00	Radiology-Diagnostic	850,203	456,813	1,307,016
55.00	Radiology-Therapeutic	0	0	0
56.00	Radioisotope	233,505	99,894	333,399
57.00	Computed Tomography (CT) Scan	1,760,462	400,999	2,161,461
58.00	Magnetic Resonance Imaging (MRI)	287,421	29,953	317,374
59.00	Cardiac Catheterization	0	47,390	47,390
60.00	Laboratory	2,465,467	1,294,705	3,760,172
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	2,670,500	1,106,967	3,777,467
66.00	Physical Therapy	202,390	70,430	272,820
67.00	Occupational Therapy	55,643	588	56,231
68.00	Speech Pathology	24,729	8,032	32,761
69.00	Electrocardiology	530,515	120,414	650,929
70.00	Electroencephalography	12,546	1,394	13,940
71.00	Medical Supplies Charged to Patients	1,539,636	810,831	2,350,467
72.00	Implantable Devices Charged to Patients	301,400	172,879	474,279
73.00	Drugs Charged to Patients	6,591,979	3,596,247	10,188,226
74.00	Renal Dialysis	432,321	22,870	455,191
75.00	ASC (Non-Distinct Part)	0	0	0
75.01	Endoscopy	144,642	(6,725)	137,917
75.02	Hyperbaric	0	0	0
75.03	Wound Clinic	0	0	0
75.04	Special Procedure	273,039	44,318	317,357
75.05	Oncology	0	0	0
75.06	Imaging Center	0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	1,717,007	454,174	2,171,181
92.00	Observation Beds	97,676	952,852	1,050,528
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 27,941,193	$ 8,112,734	$ 36,053,927

(To Contract Sch 5)

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
SOUTHWEST HEALTHCARE SYSTEM

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1245221050

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$ 0	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000	0	0
55.00	Radioisotope	0	0	0.000000	0	0
60.00	Laboratory	0	0	0.000000	0	0
69.00	Electrocardiology	0	0	0.000000	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
91.00	Emergency	0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
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		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Contract Sch 3)

Provider Name	Fiscal Period	Provider NPI	Adjustments
SOUTHWEST HEALTHCARE SYSTEM	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1245221050	9

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT			
1	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	6,090	563	6,653
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	2,060	(184)	1,876
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	576	202	778
2	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	$781,386	$2,439,999	$3,221,385
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Recovery Room	139,660	282,439	422,099
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	6,563,050	(5,312,066)	1,250,984
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Anethesiology	266,016	1,017,337	1,283,353
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	850,203	456,813	1,307,016
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	233,505	99,894	333,399
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	1,760,462	400,999	2,161,461
	Contract 6	D-4		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	287,421	29,953	317,374
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	0	47,390	47,390
	Contract 6	D-4		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	2,465,467	1,294,705	3,760,172
	Contract 6	D-4		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	2,670,500	1,106,967	3,777,467
	Contract 6	D-4		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	202,390	70,430	272,820
	Contract 6	D-4		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	55,643	588	56,231
	Contract 6	D-4		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	24,729	8,032	32,761
	Contract 6	D-4		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	530,515	120,414	650,929
	Contract 6	D-4		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	12,546	1,394	13,940
	Contract 6	D-4		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,539,636	810,831	2,350,467
	Contract 6	D-4		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	301,400	172,879	474,279
	Contract 6	D-4		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	6,591,979	3,596,247	10,188,226
	Contract 6	D-4		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	432,321	22,870	455,191
	Contract 6	D-4		XIX	75.01	2	Medi-Cal Ancillary Charges - Endoscopy	144,642	(6,725)	137,917
	Contract 6	D-4		XIX	75.04	2	Medi-Cal Ancillary Charges - Special Procedure	273,039	44,318	317,357
	Contract 6	D-4		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	1,717,007	454,174	2,171,181
	Contract 6	D-4		XIX	92.00	2	Medi-Cal Ancillary Charges - Observation Beds	97,676	952,852	1,050,528
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	27,941,193	8,112,734	36,053,927
3	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	$10,069,294	$2,690,472	$12,759,766
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	27,941,193	8,112,734	36,053,927

-Continued on next page-

Provider Name	Fiscal Period	Provider NPI	Adjustments
SOUTHWEST HEALTHCARE SYSTEM	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1245221050	9

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT			
-Continued from previous page-										
4	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Patient and Third Party Liability	$0	$45,700	$45,700
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	0	256,170	256,170

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 April 18, 2013
Report Date: April 19, 2013
42 CFR 413.20, 413.24, 413.53, and 433.139
CMS Pub. 15-1, Sections 2304, 2404, and 2408
CCR, Title 22, Section 51541

Provider Name	Fiscal Period	Provider NPI	Adjustments
SOUTHWEST HEALTHCARE SYSTEM	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1245221050	9

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT			
5	4A	Not Reported					Medi-Cal Administrative Days	0	21	21
	4A	Not Reported					Medi-Cal Administrative Rate (August 1, 2010 through July 31, 2011)	$0.00	$409.48	$409.48
6	6	Not Reported					Medi-Cal Ancillary Charges - Delivery Room and Labor Room	$0	$157	$157
	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	0	1,009	1,009
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	2,176	2,176
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	682	682
	6	Not Reported					Medi-Cal Ancillary Charges - Occupational Therapy	0	75	75
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged To Patients	0	11,661	11,661
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	15,760	15,760
7	2	Not Reported					Medi-Cal Routine Service Charges	$0	$21,033	$21,033
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	15,760	15,760
8	3	Not Reported					Medi-Cal Coinsurance	$0	$940	$940
	1	Not Reported					Medi-Cal Interim Payments	0	10,683	10,683

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 April 18, 2013
Report Date: April 19, 2013
42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139
CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408
CCR, Title 22, Sections 51173, 51511, 51541, and 51542

Provider Name	Fiscal Period	Provider NPI	Adjustments
SOUTHWEST HEALTHCARE SYSTEM	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1245221050	9

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO OTHER MATTERS			
9	Contract 1	Not Reported					Medi-Cal Credit Balance 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	$0	$28,589	$28,589