REPORT ON THE COST REPORT REVIEW

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER LOS ANGELES, CALIFORNIA NATIONAL PROVIDER IDENTIFIERS: 1922033547 AND 1336164151

FISCAL PERIOD ENDED DECEMBER 31, 2012

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

Section Chief: Allen Dervi

Audit Supervisor: Gertrude Lake

Auditor: Kit Chao



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



May 22, 2014

Diane Moon, CFO Hollywood Presbyterian Medical Center 1300 North Vermont Street Los Angeles, CA 90027

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1922033547 FISCAL PERIOD ENDED DECEMBER 31, 2012

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 \$200,691, 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
- Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
- 3. Computation of Medi-Cal Cost (CONTRACT Schedules)
- 4. Computation of Subacute Per Diem (ADULT SUBACUTE Schedules)
- 5. Audit Adjustments Schedule

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

Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Fee-For-Service Rates Development Division.

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:

Lisa Alder, Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
MS 0017
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:

<u>United States Postal Service (USPS)</u>

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

Allen Dervi, Chief Audits Section—Burbank Financial Audits Branch

Certified

		SET	TLEMENT		COST
1.	Medi-Cal Noncontract Settlement (SCHEDULE 1)				
	Provider NPI: 1922033547	•	0		
	Reported	\$	0		
	Net Change	\$	(<u>10,554</u>)		
	Audited Amount Due Provider (State)	\$	(10,554)		
2.	REHABILITATION (SCHEDULE 1-1)				
	Provider NPI: 1922033547				
	Reported	\$	0		
	Net Change	\$	0		
	Audited Amount Due Provider (State)	\$	0		
3.	Subprovider II (SCHEDULE 1-2) Provider NPI:				
	Reported	\$	0		
	Not Change	\$	0		
	Net Change	Φ	U		
	Audited Amount Due Provider (State)	\$	0		
4.	Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1922033547				
	Reported			\$	37,519,087
	Net Change			\$	(5,500,344)
	Audited Cost			\$	32,018,743
	Audited Amount Due Provider (State)	\$	(12,906)		
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.	Audited Amount Due Provider (State) Distinct Part Nursing Facility (DPNF SCH 1-1)	Ψ	U		
	Provider NPI:				
	Reported			\$	0.00
	Net Change			\$	0.00
	Audited Cost Per Day			\$	0.00
7.	Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1)	\$	0		
	Provider NPI: 1336164151			æ	700.00
	Reported			\$	703.66
	Net Change			\$	<u>51.78</u>
	Audited Cost Per Day			\$	755.44
	Audited Amount Due Provider (State)	\$	(177,231)		

8.	Total Medi-Cal Settlement			
	Due Provider (State) - (Lines 1 through 7)	\$ (200,691))	
9.	Total Medi-Cal Cost		\$	32,018,743

		SETTLE	EMENT	C	OST
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		
	-				
40	Audited Amount Due Provider (State)	\$	0		
12.	Rural Health Clinic (RHC 95-210 SCH 1)				
	Provider NPI:				
	Reported	\$	0		
	Net Change	\$	0		
	A 11 1A (D. D. 11 (O.)				
13.	Audited Amount Due Provider (State) Rural Health Clinic (RHC 95-210 SCH 1-1)	\$	0		
13.	Provider NPI:				
	Reported	\$	0		
	Reported	Ψ	١		
	Net Change	\$	0		
	Audited Amount Due Provider (State)	\$	o		
14.	County Medical Services Program (CMSP SCH 1)	·	-		
	Provider NPI:				
	Reported	\$	0		
	Not Change	Φ.	0		
	Net Change	\$	١		
4.5	Audited Amount Due Provider (State)	\$	0		
15.	Transitional Care (TC SCH 1) Provider NPI:				
	Reported			\$	0.0
				*	
	Net Change			\$	0.0
	Audited Cost Per Day			\$	0.0
	·				
	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)	\$	(200,691)		

STATE OF CALIFORNIA

SCHEDULE 1 PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name: Fiscal Period Ended: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER DECEMBER 31, 2012

			REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	₿_	0	\$ 208,733
2.	Excess Reasonable Cost Over Charges (Schedule 2)	₿_	0	\$ 00
3.	Medi-Cal Inpatient Hospital Based Physician Services	₿_	0	\$ 0
4.	\$	₿_	0	\$ 0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	₿_	0	\$ 208,733
6.	Interim Payments (Adj 11)	₿_	0	\$ (219,287)
7.	Balance Due Provider (State)	\$_	0	\$ (10,554)
8.	Duplicate Payments (Adj)	\$_	0	\$ 00
9.	\$	\$_	0	\$ 0
10.	\$	\$_	0	\$ 0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	₿ _	0 (To Summa	(10,554) of Findings)

STATE OF CALIFORNIA SCHEDULE 2
PROGRAM: NONCONTRACT

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

	ovider Name: OLLYWOOD PRESBYTERIAN MEDICAL CENTER			cal Period Ended: CEMBER 31, 2012
	ovider NPI: 22033547			
		REPORTED		AUDITED
RE	ASONABLE COST OF MEDI-CAL INPATIENT SERVICES			
1.	Cost of Covered Services (Schedule 3)	\$ 0	\$	210,047
СН	ARGES FOR MEDI-CAL INPATIENT SERVICES			
2.	Inpatient Routine Service Charges (Adj 10)	\$ 0	\$	728,776
3.	Inpatient Ancillary Service Charges (Adj 10)	\$ 0	\$	371,760
4.	Total Charges - Medi-Cal Inpatient Services	\$ 0	\$	1,100,536
5.	Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 0	\$	890,489
6.	Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ 0 (To So		0 dule 1)
		(To So	che	dule 1)

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

SCHEDULE 3 PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

		REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 	48,928
2.	Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 	161,119
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0_\$	0
4.		\$ 0_\$	0
5.		\$ 	0
6.	SUBTOTAL (Sum of Lines 1 through 5)	\$ 	210,047
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0_\$	0
8.	SUBTOTAL	\$ 0_ \$ (To Sche	210,047 edule 2)
9.	Medi-Cal Deductible (Adj)	\$ 	0
10.	Medi-Cal Coinsurance (Adj 11)	\$ 	(1,314)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0 \$ (To Sche	208,733 dule 1)

SCHEDULE 4
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: Fiscal Period Ended: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER DECEMBER 31, 2012

GENERAL SERVICE UNIT NET OF SWING-BED COSTS		REPORTED	AUDITED
INPATIENT DAYS			
Total Inpatient Days (include private & swing-bed) (Adj 5)		49,481	55,191
Inpatient Days (include private, exclude swing-bed)	_	49,481	55,191
Private Room Days (exclude swing-bed private room) (Adj)	_	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 5, 6)	_	47,243	55,191
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
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 26)	\$_	42,148,038 \$	46,262,608
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)26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ _		0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ _ \$ _	42,148,038 \$	46,262,608
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 7)	\$	94,286,472 \$	100,426,162
29. Private Room Charges (excluding swing-bed charges) (Adj.)	\$ <u>_</u>	0 \$	0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 7)	\$ _	94,286,472 \$	100,426,162
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ _	0.447021 \$	0.460663
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)	\$	1,995.78 \$	1,819.61
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)	\$_	42,148,038 \$	46,262,608
PROGRAM INPATIENT OPERATING COST			
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$_	851.80 \$	838.23
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$_	0 \$	0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$_	0 \$	157,915
41. Cost Applicable to Medi-Cal (Sch 4B)	\$_	0 \$	3,204
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ _	0 \$	161,119
	_	(To Schedu	ıle 3)

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: Fiscal Period Ended: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER DECEMBER 31, 2012

SPECIAL CARE AND/OR NU	IRSERY UNITS		REPORTED		AUDITED
NUDGEDY					
NURSERY)-h 0 1: 40 O-100\	Φ.	0.400.000	Φ	0.407.707
Total Inpatient Routine Cost (S	Sch 8, Line 43, Col 26)	\$_	2,409,826	\$_	2,407,797
2. Total Inpatient Days (Adj)			7,864		7,864
Average Per Diem Cost		\$_	306.44	\$_	306.18
4. Medi-Cal Inpatient Days (Adj)			0		0
5. Cost Applicable to Medi-Cal		\$_	0	\$_	0
INTENSIVE CARE UNIT					
Total Inpatient Routine Cost (S	Sch 8, Line 31, Col 26)	\$_	12,452,391	\$	12,363,136
7. Total Inpatient Days (Adj)			6,756		6,756
Average Per Diem Cost		\$	1,843.16	\$	1,829.95
9. Medi-Cal Inpatient Days (Adj)			0		0
Cost Applicable to Medi-Cal		\$	0	\$	0
		_		_	
CORONARY CARE UNIT)-b 0 1: 00 O-100\	Φ	0	Φ.	0
11. Total Inpatient Routine Cost (S	och 8, Line 32, Coi 26)	\$_	0	\$_	0
12. Total Inpatient Days (Adj)		φ-	0	Φ_	0
13. Average Per Diem Cost		\$_	0.00	Φ_	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 (S	Sch 8, Line 33, Col 26)	\$	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 UNI	T				
		φ	0	¢.	0
21. Total Inpatient Routine Cost (S	sch 8, Line 34, Coi 26)	\$_	0	\$_	0
22. Total Inpatient Days (Adj)		φ –		φ –	
23. Average Per Diem Cost		Ф_	0.00	Ф_	0.00
24. Medi-Cal Inpatient Days (Adj)			0	_	0
25. Cost Applicable to Medi-Cal		۵_	0	Φ_	0
NEONATAL INTENSIVE CARE UNI					
26. Total Inpatient Routine Cost (S	Sch 8, Line 35, Col 26)	\$_	7,264,958	\$_	7,263,664
Total Inpatient Days (Adj)		_	5,032	_	5,032
Average Per Diem Cost		\$_	1,443.75	\$_	1,443.49
29. Medi-Cal Inpatient Days (Adj)		_	0	_	0
30. Cost Applicable to Medi-Cal		\$_	0	\$_	0_
ADMINISTRATIVE DAVS (IANI IA D	RY 2012 THROUGH DECEMBER 2012)				
31. Per Diem Rate (Adj 8)	AT 2012 THROUGH DECEMBER 2012)	\$	0.00	¢	416.95
32. Medi-Cal Inpatient Days (Adj 8	1)	Ψ_	0.00	Ψ_	316
33. Cost Applicable to Medi-Cal	7)	\$	0	\$	131,756
33. Cost Applicable to Medi-Cal		Ψ_	0	Ψ_	131,730
ADMINISTRATIVE DAYS (MARCH	2012)				
34. Per Diem Rate (Adj 8)		\$_	0.00	\$	408.74
35. Medi-Cal Inpatient Days (Adj 8	3)	_	0	_	64
36. Cost Applicable to Medi-Cal		\$	0	\$	26,159
37. Medi-Cal Routine Cost (Sum o	of Lines 5,10,15,20,25,30,31,36)	\$	0	\$	157,915
S Med. Cal Rodding Cook (Call C		Ψ =	(To So	· · =	
			(,

SCHEDULE 4B PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: Fiscal Period Ended: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER DECEMBER 31, 2012

	SPECIAL CARE UNITS		REPORTED		AUDITED
1.	Total Inpatient Routine Cost (Sch 8, Line, Col 26)	\$	0	\$	0
2.	Total Inpatient Days (Adj)	Ψ_	0	Ψ_	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 26)	\$_	0	\$_	0_
7.	Total Inpatient Days (Adj)	_	0	_	0
8.	Average Per Diem Cost	\$_	0.00	\$_	0.00
9.	1 , , , ,	_ =	0		0
10.	Cost Applicable to Medi-Cal	\$_	0	\$_	0
11.	Total Inpatient Routine Cost (Sch 8, Line, Col 26)	\$_	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 26)	\$_	0	\$_	0_
17.	Total Inpatient Days (Adj)	_	0	_	0
18.		\$_	0.00	\$_	0.00
19.		_	0		0
20.	Cost Applicable to Medi-Cal	\$_	0	\$_	0
21.	Total Inpatient Routine Cost (Sch 8, Line, Col 26)	\$_	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
	MINISTRATIVE DAYS (OCTOBER 2012)	•	0.00	Φ.	100.50
26.	Per Diem Rate (Adj 8)	\$_	0.00	\$_	400.53
27. 28	Medi-Cal Inpatient Days (Adj 8) Cost Applicable to Medi-Cal	<u>ф</u> –	0	e –	3,204
28.	ουσι προμισανία το Ινιαμίτοαι	Φ_	0	Ψ_	3,204
29.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28)	\$ <u>_</u>	0 (To So	\$ <u>_</u>	3,204
			(10 50	ned	ule 4)

SCHEDULE 5
PROGRAM: NONCONTRACT

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1922033547

	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	\$ 9,028,033	\$ 52,526,135	0.171877	\$ 0	\$ 0
51.00 Recovery Room	2,320,630	38,463,066	0.060334	0	0
52.00 Labor Room and Delivery Room	10,690,393	19,893,113	0.537392	0	0
53.00 Anesthesiology	102,463	8,983,402	0.011406	0	0
54.00 Radiology-Diagnostic	4,238,445	23,400,390	0.181127	21,248	3,849
55.00 Radiology-Therapeutic	3,758,828	24,879,197	0.151083	0	0
56.00 Radioisotope	1,580,397	4,672,251	0.338252	200	68
57.00 CT Scan	1,679,398	41,541,854	0.040427	0	0
58.00 Magnetic Resonance Imaging (MRI)	1,002,291	11,215,016	0.089370	0	0
59.00 Cardiac Catheterization	2,271,938	17,755,163	0.127959	0	0
60.00 Laboratory	10,315,623	54,670,364	0.188688	75,110	14,172
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, & Transfusion	1,798,944	3,328,273	0.540504	0	0
64.00 Intravenous Therapy	0	0	0.000000	0	0
65.00 Respiratory Therapy	10,473,538	146,614,591	0.071436	0	0
66.00 Physical Therapy	3,660,298	13,750,674	0.266190	59,810	15,921
67.00 Occupational Therapy	147,928	6,918,915	0.021380	13,487	288
68.00 Speech Pathology	13,554	1,027,687	0.013189	4,997	66
69.00 Electrocardiology	1,575,824	29,570,686	0.053290	0	0
70.00 Electroencephalography	192,393	876,163	0.219586	0	0
71.00 Medical Supplies Charged to Patients	3,892,334	73,030,572	0.053297	0	0
72.00 Implantable Devices Charged to Patients	4,061,924	17,233,376	0.235701	0	0
73.00 Drugs Charged to Patients	9,552,198	129,411,703	0.073812	179,965	13,284
74.00 Renal Dialysis	1,354,541	5,659,477	0.239340	0	0
75.00 ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00 Ultrasound	1,123,837	14,872,029	0.075567	16,943	1,280
76.01 Endoscopy	1,465,443	12,200,173	0.120117	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 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
90.02 Neuro Clinic	763,797	250,702	3.046633	0	0
91.00 Emergency	10,441,312	69,323,531	0.150617	0	0
92.00 Observation Beds (Non-Distinct Part)	10,441,312	3,823,736	0.000000	0	0
93.01	0	0,023,730	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
	0	0	3.000000	<u> </u>	0
TOTAL	\$ 97,506,305	\$ 825,892,239		\$ 371,760	\$ 48,928

(To Schedule 3)

^{*} From Schedule 8, Column 26

SCHEDULE 6
PROGRAM: NONCONTRACT

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1922033547

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS	AUDITED
FO 00		<u> </u>	(Adj 9)	.
	Operating Room	\$ 0	\$	\$ 0
	Recovery Room	0		0
	Labor Room and Delivery Room	0		0
	Anesthesiology	0		0
	Radiology-Diagnostic	0	21,248	21,248
	Radiology-Therapeutic	0	200	0
	Radioisotope	0	200	200
	CT Scan	0		0
	Magnetic Resonance Imaging (MRI)	0		0
	Cardiac Catheterization	0	75.440	0
	Laboratory	0	75,110	75,110
	PBP Clinical Laboratory Services-Program Only	0		0
	Whole Blood & Packed Red Blood Cells	0		0
	Blood Storing, Processing, & Transfusion	0		0
	Intravenous Therapy	0		0
	Respiratory Therapy	0	50.010	0
	Physical Therapy	0	59,810	59,810
67.00	Occupational Therapy	0	13,487	13,487
	Speech Pathology	0	4,997	4,997
	Electrocardiology	0		0
	Electroencephalography	0		0
	Medical Supplies Charged to Patients	0		0
	Implantable Devices Charged to Patients	0		0
	Drugs Charged to Patients	0	179,965	179,965
	Renal Dialysis	0		0
	ASC (Non-Distinct Part)	0		0
	Ultrasound	0	16,943	16,943
	Endoscopy	0		0
78.00		0		0
79.00		0		0
80.00		0		0
81.00		0		0
82.00		0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
87.00		0		0
87.01		0		0
	Rural Health Clinic (RHC)	0		0
	Federally Qualified Health Center (FQHC)	0		0
90.00		0		0
	Neuro Clinic	0		0
	Emergency	0		0
	Observation Beds (Non-Distinct Part)	0		0
93.01		0		0
93.02		0		0
93.03		0		0
93.04		0		0
93.05		0		0
OTAL M	EDI-CAL ANCILLARY CHARGES	\$ 0	\$ 371,760	\$ 371,760

(To Schedule 5)

PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1922033547

	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
	Radiology - Diagnostic	0	0	0.000000	Ψ	0
55.00	Radioisotope	0	0	0.000000		0
	Laboratory	0	0	0.000000		0
	Electrocardiology	0	0	0.000000		0
	Electroencephalography	0	0	0.000000		0
	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Schedule 3)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

			REPORTED		AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$_	37,519,087	\$	32,018,743
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$_	0	\$	0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$_	0	\$	0
4.	5	\$_	0	\$	0_
5.	Subtotal (Sum of Lines 1 through 4)	\$_	37,519,087	\$	32,018,743
6.		\$_	0	\$	0
7.		\$_	0	\$	0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>-</u>	37,519,087 (To Summa	\$ ary	32,018,743 of Findings)
9.	Medi-Cal Overpayments (Adj 21)	\$_	0	\$	(5,654)
10.	Medi-Cal Credit Balances (Adj 19)	\$_	0	\$	(7,252)
11.		\$_	0	\$	0_
12.		\$_	0	\$	0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ =	0 (To Summa		(12,906) of Findings)

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

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

			REPORTED		AUDITED						
RE	REASONABLE COST OF MEDI-CAL INPATIENT SERVICES										
1.	Cost of Covered Services (Contract Sch 3)	\$_	37,519,087	\$	32,795,504						
СН	ARGES FOR MEDI-CAL INPATIENT SERVICES										
2.	Inpatient Routine Service Charges (Adj 14)	\$_	42,941,781	\$	42,259,040						
3.	Inpatient Ancillary Service Charges (Adj 14)	\$_	131,649,891	₿	120,808,743						
4.	Total Charges - Medi-Cal Inpatient Services	\$_	174,591,672	\$	163,067,783						
5.	Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$	137,072,585 \$	B	130,272,279						
		. –			, ,						
6.	Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$	0 4	\$	0						
	(Line i minus Line ii)	Ψ =	(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: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

		REPORTED		AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ 16,956,455	\$	12,180,879
2.	Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 20,562,632	\$	20,614,625
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$	0
4.	Medical and Other Services	\$ 0	\$	0
5.		\$ 0	\$	0
6.	SUBTOTAL (Sum of Lines 1 through 5)	\$ 37,519,087	\$	32,795,504
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ 0	\$	0
8.	SUBTOTAL	\$ 37,519,087 (To 0		32,795,504 ntract Sch 2)
9.	Medi-Cal Deductible (Adj 15)	\$ 0	\$	(35,893)
10.	Medi-Cal Coinsurance (Adj 15)	\$ 0	\$	(740,868)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 37,519,087 (To 0	:	32,018,743 ntract Sch 1)

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS		REPORTED	AUDITED
INPATIENT DAYS			
Total Inpatient Days (include private & swing-bed) (Adj 5)		49,481	55,191
2. Inpatient Days (include private, exclude swing-bed)	_	49,481	55,191
3. Private Room Days (exclude swing-bed private room) (Adj)	_	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 5, 6)	_	47,243	55,191
5. Medicare NF Swing-Bed Days through Dec 31 (Adj.)	-	0	0
 Medicare NF Swing-Bed Days after Dec 31 (Adj) Medi-Cal NF Swing-Bed Days through July 31 (Adj) 	_	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	_	0	
9. Medi-Cal Days (excluding swing-bed) (Adj 12)	-	14,050	11,700
SWING-BED ADJUSTMENT			
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$_	0.00 \$	
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$_	0.00 \$	0.00
 Medi-Cal NF Swing-Bed Rates through July 31 (Adj) Medi-Cal NF Swing-Bed Rates after July 31 (Adj) 	\$ _	0.00 \$	0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)21. Total Routine Serv Cost (Sch 8, Line 30, Col 26)	φ_ \$	0.00 \$ 42,148,038 \$	
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)	Ψ_	42,148,038 \$	46,262,608
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 7)	\$_	94,286,472 \$	
29. Private Room Charges (excluding swing-bed charges) (Adj)30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 7)	\$_	0 \$ 94,286,472 \$	100,426,162
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	Ψ_	0.447021	0.460663
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	Ψ _ \$	0.00 \$	0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$	1,995.78 \$	1,819.61
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 \$	46 262 609
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	Φ_	42,148,038 \$	46,262,608
PROGRAM INPATIENT OPERATING COST	_		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$_	851.80 \$	838.23
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$_	11,967,790 \$	9,807,291
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$_	8,594,842 \$	10,807,334
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$_	0 \$	0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ _	20,562,632 \$	
		(To Contract S	Sch 3)

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

	SPECIAL CARE AND/OR NURSERY UNITS		REPORTED		AUDITED
NUF 1. 2. 3. 4.	RSERY Total Inpatient Routine Cost (Sch 8, Line 43, Col 26) Total Inpatient Days (Adj) Average Per Diem Cost Medi-Cal Inpatient Days (Adj 12)	\$ <u> </u>	2,409,826 7,864 306.44 4,137		2,407,797 7,864 306.18 4,206
5.	Cost Applicable to Medi-Cal	\$	1,267,742	\$ _	1,287,793
INTE 6.	ENSIVE CARE UNIT Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$	12,452,391	\$	12,363,136
7. 8.	Total Inpatient Days (Adj) Average Per Diem Cost	\$	6,756 1,843.16	\$	6,756 1,829.95
9. 10.	Medi-Cal Inpatient Days (Adj 12) Cost Applicable to Medi-Cal	\$	1,334 2,458,775	\$_	1,456 2,664,407
COF	RONARY CARE UNIT				
11. 12.	Total Inpatient Routine Cost (Sch 8, Line 32, Col 26) Total Inpatient Days (Adj)	\$ <u> </u>	0	\$ _ _	0
13. 14.	Average Per Diem Cost Medi-Cal Inpatient Days (Adj)	\$_	0.00	\$ _ _	0.00
15.	Cost Applicable to Medi-Cal	\$_	0	\$_	0
16.	RN INTENSIVE CARE UNIT Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$	0	\$_	0
17. 18.	Total Inpatient Days (Adj) Average Per Diem Cost	\$	0.00	\$ _	0.00
19. 20.	Medi-Cal Inpatient Days (Adj) Cost Applicable to Medi-Cal	\$	0	\$_	0
SUR 21.	RGICAL INTENSIVE CARE UNIT	ď	0	œ	0
21. 22. 23.	Total Inpatient Routine Cost (Sch 8, Line 34, Col 26) Total Inpatient Days (Adj) Average Per Diem Cost	\$ <u> </u>	0.00	\$ _ _	0.00
23. 24. 25.	Medi-Cal Inpatient Days (Adj) Cost Applicable to Medi-Cal	Ψ <u></u>	0.00	\$ _ _	0.00
	DNATAL INTENSIVE CARE UNIT	Φ_	0	Ψ_	<u> </u>
26. 27.	Total Inpatient Routine Cost (Sch 8, Line 35, Col 26) Total Inpatient Days (Adj)	\$_	7,264,958 5,032	\$_	7,263,664 5,032
28. 29.	Average Per Diem Cost Medi-Cal Inpatient Days (Adj 12)	\$	1,443.75 3,372	\$ _	1,443.49 4,749
30.	Cost Applicable to Medi-Cal	\$	4,868,325	\$ _	6,855,134
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$_	8,594,842	\$_	10,807,334
		=	(To Contrac	ct Sc	h 4)

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

	SPECIAL CARE UNITS		REPORTED		AUDITED
1.	Total Inpatient Routine Cost (Sch 8, Line, Col 26)	\$	0	\$	0
2.	Total Inpatient Days (Adj)	· <u>-</u>	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 26)	\$_	0	\$_	0
7.	Total Inpatient Days (Adj)		0		0
8.	Average Per Diem Cost	\$ _	0.00	\$_	0.00
9. 10.	Medi-Cal Inpatient Days (Adj) Cost Applicable to Medi-Cal	<u> </u>	0	s –	0
10.	Cost / ppiloasic to Medi Cai	Ψ_	<u> </u>	Ψ_	
11.	Total Inpatient Routine Cost (Sch 8, Line, Col 26)	\$_	0	\$_	0
12. 13.	Total Inpatient Days (Adj) Average Per Diem Cost	\$ -	0.00	\$ -	0.00
14.	Medi-Cal Inpatient Days (Adj)	Ψ_	0.00	Ψ_	0.00
15.	Cost Applicable to Medi-Cal	\$ _	0	\$	0
16.	Total Inpatient Routine Cost (Sch 8, Line, Col 26)	\$_	0	\$_	0
17.	Total Inpatient Days (Adj)	_ =	0		0
18. 19.	Average Per Diem Cost Medi-Cal Inpatient Days (Adj)	\$ _	0.00	\$_	0.00
20.	Cost Applicable to Medi-Cal	<u> </u>	0	\$	0
20.	Oost Applicable to Medi Oal	Ψ_	<u> </u>	Ψ_	<u> </u>
21.	Total Inpatient Routine Cost (Sch 8, Line, Col 26)	\$_	0	\$_	0
22. 23.	Total Inpatient Days (Adj) Average Per Diem Cost	\$	0.00	\$ -	0.00
23. 24.	Medi-Cal Inpatient Days (Adj)	Φ_	0.00	Ψ_	0.00
25.	Cost Applicable to Medi-Cal	\$ _	0	\$	0
		_		_	
26. 27.	Total Inpatient Routine Cost (Sch 8, Line, Col 26) Total Inpatient Days (Adj)	\$_	0	\$_	0
28.	Average Per Diem Cost	\$	0.00	\$	0.00
29.	Medi-Cal Inpatient Days (Adj)	· -	0	· _	0
30.	Cost Applicable to Medi-Cal	\$ _	0	\$	0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ _	0 (To Contrac	\$ <u>_</u> :t.Sc	0 h 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1922033547

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLA	ARY COST CENTERS	333.	(/(۵)/	0111111020	(Goilliagt Goil G)	
50.00	Operating Room	\$ 9,028,033	\$ 52,526,135	0.171877	\$ 3,475,406	\$ 597,342
	Recovery Room	2,320,630	38,463,066	0.060334	6,193,509	373,679
	Labor Room and Delivery Room	10,690,393	19,893,113	0.537392	841,040	451,968
	Anesthesiology	102,463	8,983,402	0.011406	2,935,553	33,483
	Radiology-Diagnostic	4,238,445	23,400,390	0.181127	3,998,344	724,208
	Radiology-Therapeutic	3,758,828	24,879,197	0.151083	24,444	3,693
	Radioisotope	1,580,397	4,672,251	0.338252	554,172	187,450
57.00	CT Scan	1,679,398	41,541,854	0.040427	3,399,921	137,447
58.00	Magnetic Resonance Imaging (MRI)	1,002,291	11,215,016	0.089370	1,546,327	138,196
	Cardiac Catheterization	2,271,938	17,755,163	0.127959	983,176	125,807
60.00	Laboratory	10,315,623	54,670,364	0.188688	12,533,940	2,365,000
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Transfusion	1,798,944	3,328,273	0.540504	996,517	538,621
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	10,473,538	146,614,591	0.071436	19,276,146	1,377,008
66.00	Physical Therapy	3,660,298	13,750,674	0.266190	741,119	197,279
67.00	Occupational Therapy	147,928	6,918,915	0.021380	842,037	18,003
68.00	Speech Pathology	13,554	1,027,687	0.013189	82,063	1,082
69.00	Electrocardiology	1,575,824	29,570,686	0.053290	1,122,576	59,822
70.00	Electroencephalography	192,393	876,163	0.219586	92,143	20,233
71.00	Medical Supplies Charged to Patients	3,892,334	73,030,572	0.053297	26,125,167	1,392,402
	Implantable Devices Charged to Patients	4,061,924	17,233,376	0.235701	1,772,599	417,803
	Drugs Charged to Patients	9,552,198	129,411,703	0.073812	24,798,141	1,830,412
	Renal Dialysis	1,354,541	5,659,477	0.239340	949,050	227,146
	ASC (Non-Distinct Part)	0	0	0.000000	0	0
	Ultrasound	1,123,837	14,872,029	0.075567	1,919,766	145,071
	Endoscopy	1,465,443	12,200,173	0.120117	871,261	104,653
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	Dural Haalth Olinia (DUO)	0	0	0.000000	0	0
	Rural Health Clinic (RHC)	0	0	0.000000	0	0
	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
	Clinic Neuro Clinic	762 707	0	0.000000	0	0
		763,797	250,702	3.046633	4.734.326	
	Emergency Observation Rada (Non Distinct Part)	10,441,312	69,323,531	0.150617	, - ,	713,071
92.00	Observation Beds (Non-Distinct Part)	0	3,823,736	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	0.000000	<u> </u>	0
	TOTAL	\$ 97,506,305	\$ 825,892,239		\$ 120,808,743	\$ 12,180,879
L	1	÷ 0.,000,000	÷ 020,002,200			(To Contract Sch 3)

(To Contract Sch 3)

^{*} From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1922033547

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 13)	AUDITED
50.00	Operating Room	\$ 5,346,669	\$ (1,871,263)	\$ 3,475,406
	Recovery Room	3,809,449	2,384,060	6,193,509
	Labor Room and Delivery Room	7,898,668	(7,057,628)	841,040
	Anesthesiology	980,032	1,955,521	2,935,553
	Radiology-Diagnostic	2,747,217	1,251,127	3,998,344
55.00	Radiology-Therapeutic	2,618,003	(2,593,559)	24,444
	Radioisotope	519,116	35,056	554,172
	CT Scan	3,691,911	(291,990)	3,399,921
	Magnetic Resonance Imaging (MRI)	1,637,991	(91,664)	1,546,327
	Cardiac Catheterization	1,573,990	(590,814)	983,176
	Laboratory	11,556,071	977,869	12,533,940
	PBP Clinical Laboratory Services-Program Only	0	011,000	0
	Whole Blood & Packed Red Blood Cells	0		0
	Blood Storing, Processing, & Transfusion	922,001	74,516	996,517
	Intravenous Therapy	0	7 1,010	000,017
	Respiratory Therapy	37,323,411	(18,047,265)	19,276,146
	Physical Therapy	921,416	(180,297)	741,119
	Occupational Therapy	913,729	(71,692)	842,037
	Speech Pathology	101,715	(19,652)	82,063
	Electrocardiology	4,686,217	(3,563,641)	1,122,576
	Electrocardiology	111,784	(19,641)	92,143
	Medical Supplies Charged to Patients	5,205,487	20,919,680	26,125,167
	Implantable Devices Charged to Patients	0,200,407	1,772,599	1,772,599
	Drugs Charged to Patients	29,434,856	(4,636,715)	24,798,141
	Renal Dialysis	858,038	91,012	949,050
	ASC (Non-Distinct Part)	0	31,012	0
	Ultrasound	1,776,978	142,788	1,919,766
	Endoscopy	1,438,334	(567,073)	871,261
78.00	Епасосору	0	(007,070)	0
79.00		0		0
80.00		0		0
81.00		0		0
82.00		0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
87.00		0		0
87.01		0		0
	Rural Health Clinic (RHC)	0		0
	Federally Qualified Health Center (FQHC)	0		0
90.00		0		0
	Neuro Clinic	0		0
	Emergency	4,937,439	(203,113)	4,734,326
	Observation Beds (Non-Distinct Part)	639,369	(639,369)	0
93.01		0	(000,000)	0
93.02		0		0
93.03		0		0
93.04		0		0
93.05		0		0
TOTAL M	EDI-CAL ANCILLARY CHARGES	\$ 131,649,891	\$ (10,841,148)	\$ 120,808,743

(To Contract Sch 5)

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1922033547

	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
	Radiology - Diagnostic	0	0	0.000000	Ψ	0
	Radioisotope	0	0	0.000000		0
	Laboratory	0	0	0.000000		0
	Electrocardiology	0	0	0.000000		0
	Electroencephalography	0	0	0.000000		0
	Emergency	0	0	0.000000		0
000		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Contract Sch 3)

STATE OF CALIFORNIA ADULT SUBACUTE SCH 1

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1336164151

21. TOTAL

133	6164151						
00	MOUTATION OF OUR AGUTE BED DIEM		REPORTED]	AUDITED		DIFFERENCE
CO	MPUTATION OF SUBACUTE PER DIEM						
1.	Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$	5,352,385	\$	6,859,809	\$_	1,507,424
2.	Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$	13,831,514	\$	13,735,776	\$	(95,738)
3.	Total Adult Subacute Facility Cost (Lines 1 & 2)	\$	19,183,899	\$	20,595,585	\$	1,411,686
4.	Total Adult Subacute Patient Days (Adj)		27,263	_	27,263	-	0_
5.	Average Adult Subacute Per Diem Cost (L3 ÷ L4)	\$	703.66	\$	755.44	\$	51.78
AD	ULT SUBACUTE OVERPAYMENT & OVERBILLINGS						
6.	Medi-Cal Overpayments (Adj 21)	\$	0	\$	(177,231)	\$	(177,231)
7.	Medi-Cal Credit Balances (Adj)	\$	0	\$	0	\$	0
8.	MEDI-CAL SETTLEMENT Due Provider (State)	\$	0				(177,231)
GE	NERAL INFORMATION				(To Summary of Fi	ndin	gs)
9.	Contracted Number of Adult Subacute Beds (Adj)		89	_	89	-	0
10.	Total Licensed Nursing Facility Beds (Adj)		89	_	89	-	0
11.	Total Licensed Capacity (All levels of care)(Adj)		434	_	434	-	0
12.	Total Medi-Cal Adult Subacute Patient Days (Adj 16)		22,797	_	23,853		
CA	PITAL RELATED COST						
13.	Direct Capital Related Cost		N/A	\$	0		N/A
14.	Indirect Capital Related Cost (Adult Subacute Sch 5)		N/A	\$	275,605		N/A
15.	Total Capital Related Cost (Lines 13 & 14)		N/A	\$	275,605		N/A
TO	TAL SALARY & BENEFITS						
16.	Direct Salary & Benefits Expenses		N/A	\$	6,275,643		N/A
17.	Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)		N/A	\$	1,299,386		N/A
18.	Total Salary & Benefits Expenses (Lines 16 & 17)		N/A	\$	7,575,029		N/A
AU	DITED ADULT SUBACUTE COST-VENTILATOR AND NO	NV	ENTILATOR				
			AUDITED COSTS		AUDITED TOTAL DAYS		AUDITED MEDI-CAL DAYS
19.	Ventilator (Equipment Cost Only)	\$	(Adj)	_	(Adj 20) 19,143	-	(Adj 16) 16,749
20.	Nonventilator		N/A		8,120	-	7,104

27,263

N/A

23,853

STATE OF CALIFORNIA ADULT SUBACUTE SCH 2

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1336164151

	COST CENTER	R	EPORTED	AUDITED *	DIFFERENCE
COL.	DIRECT AND ALLOCATED EXPENSE				
0.00	Adult Subacute	\$	8,908,820	\$ 8,908,820	\$ 0
	Capital Related Costs-Buildings and Fixtures		103,303	34,363	(68,940)
	Capital Related Costs-Patient Tower		0	0	0
	Capital Related Costs-Movable Equipment		148,404	148,404	(0)
	Other Capital Related Costs		0	0	0
3.02	1		0	0	0
3.03			0	0	0
3.04			0	0	0
3.05			0	0	0
3.06			0	0	0
3.07			0	0	0
3.08			0	0	0
3.09			0	0	0
	Employee Benefits		99,958	98,646	(1,312)
	Nonpatient Telephones		25,205	25,038	(167)
5.02			0	0	0
5.03			0	0	0
	Admitting		59,323	58,941	(382)
	Patient Accounting		122,508	121,781	(727)
5.07	T dilette / tooodittiing		0	0	0
5.08			0	0	0
5.09			0	0	0
	Other Administrative and General		1,792,656	1,791,020	(1,636)
	Maintenance and Repairs		0	0	(1,000)
	Operation of Plant		613,649	600,084	(13,565)
	Laundry and Linen Service		305,347	303,160	(2,187)
	Housekeeping		194,435	194,426	(9)
	Dietary		226,960	225,265	(1,695)
	Cafeteria		336,762	334,246	(2,516)
	Maintenance of Personnel		0	001,210	0
	Nursing Administration		605,635	605,788	153
	Central Services and Supply		0	0	0
	Pharmacy		1,793	1,789	(4)
	Medical Records & Library		68,627	68,302	(325)
	Social Service		218,129	215,701	(2,428)
	Other General Service (specify)		0	0	0
	Nonphysician Anesthetists		0	0	0
	Nursing School		0	0	0
	Intern & Res. Service-Salary & Fringes (Approved)		0	0	0
	Intern & Res. Other Program Costs (Approved)		0	0	0
	Paramedical Ed. Program (specify)		0	0	0
23.01	. a.asaisai Eari regiam (opoony)		0	0	0
23.02			0	0	0
20.02	TOTAL DIRECT AND		<u> </u>	0	0
101.00		œ.	12 024 544	¢ 12.725.776	¢ (05.700)
101.00	ALLOCATED EXPENSES	\$	13,831,514	\$ 13,735,776	

(To Adult Subacute Sch 1)

^{*} From Schedule 8, Line 46.00

STATE OF CALIFORNIA ADULT SUBACUTE SCH 3

SCHEDULE OF TOTAL OTHER ALLOWABLE ADULT SUBACUTE ANCILLARY COSTS**

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1336164151

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL SUBACUTE ANCILLARY CHARGES **	SUBACUTE ANCILLARY COSTS***
	RY COST CENTERS				(Adult SA Sch 4)	
	Operating Room	\$ 9,028,033		0.171877	\$ 0	\$ 0
	Recovery Room	2,320,630	38,463,066	0.060334	0	0
	Anesthesiology	102,463	8,983,402	0.011406	0	0
	Radiology-Diagnostic	4,238,445	23,400,390	0.181127	190,442	34,494
	Radiology-Therapeutic	3,758,828	24,879,197	0.151083	0	0
	Radioisotope	1,580,397	4,672,251	0.338252	0	0
	CT Scan	1,679,398	41,541,854	0.040427	0	0
	Laboratory	10,315,623	54,670,364	0.188688	2,191,253	413,462
	Blood Storing, Processing, & Transfusion	1,798,944	3,328,273	0.540504	0	0
65.00	Respiratory Therapy	10,473,538	146,614,591	0.071436	61,952,197	4,425,608
	Physical Therapy	3,660,298	13,750,674	0.266190	85,149	22,666
	Occupational Therapy	147,928	6,918,915	0.021380	12,376	265
68.00	Speech Pathology	13,554	1,027,687	0.013189	24,651	325
	Electrocardiology	1,575,824	29,570,686	0.053290	0	0
	Electroencephalography	192,393	876,163	0.219586	0	0
	Medical Supplies Charged to Patients	3,892,334	73,030,572	0.053297	32,824,643	1,749,466
73.00	Drugs Charged to Patients	9,552,198	129,411,703	0.073812	2,892,773	213,523
74.00	Renal Dialysis	1,354,541	5,659,477	0.239340	0	0
	Ultrasound	1,123,837	14,872,029	0.075567	0	0
	Endoscopy	1,465,443	12,200,173	0.120117	0	0
91.00	Emergency	10,441,312	69,323,531	0.150617	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	\$ 78,715,962	\$ 755,721,133		\$ 100,173,484	\$ 6,859,809

(To Adult Subacute Sch 1)

^{*} From Schedule 8, Column 26

^{**} Total Other Allowable Ancillary Charges included in the rate.

^{***} Total Other Ancillary Costs included in the rate.

ADJUSTMENTS TO OTHER ALLOWABLE ADULT SUBACUTE ANCILLARY CHARGES

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1336164151

		REPORTED	ADJUSTMENTS	AUDITED
	ANCILLARY CHARGES		(Adjs 17, 18)	
50.00	Operating Room	\$ 4,281	\$ (4,281)	\$ 0
51.00	Recovery Room	10,696	(10,696)	0
53.00	Anesthesiology	7,903	(7,903)	0
54.00	Radiology-Diagnostic	108,815	81,627	190,442
55.00	Radiology-Therapeutic	8,141	(8,141)	0
56.00	Radioisotope	2,818	(2,818)	0
	CT Scan	5,176	(5,176)	0
60.00	Laboratory	504,116	1,687,137	2,191,253
63.00	Blood Storing, Processing, & Transfusion	49,242	(49,242)	0
65.00	Respiratory Therapy	43,620,877	18,331,320	61,952,197
66.00	Physical Therapy	70,527	14,622	85,149
	Occupational Therapy	0	12,376	12,376
	Speech Pathology	0	24,651	24,651
	Electrocardiology	26,391	(26,391)	0
	Electroencephalography	8,233	(8,233)	0
	Medical Supplies Charged to Patients	31,120,313	1,704,330	32,824,643
73.00	Drugs Charged to Patients	3,431,218	(538,445)	2,892,773
	Renal Dialysis	585,498	(585,498)	0
	Ultrasound	3,918	(3,918)	0
	Endoscopy	2,305	(2,305)	0
	Emergency	3,953	(3,953)	0
	,	,		0
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				0
				0
				0
101.00	TOTAL ANCILLARY CHARGES	\$ 79,574,421	\$ 20,599,063	\$ 100,173,484

(To Adult Subacute Sch 3)

ALLOCATION OF INDIRECT EXPENSES ADULT SUBACUTE

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

Provider NPI: 1336164151

COL. ALLOCATED EXPENSES (COL 1) (COL 2) 1.00 Capital Related Costs-Buildings and Fixtures \$ 34,363 \$ N/A 1.01 Capital Related Costs-Patient Tower 0 N/A 0 N/A 2.00 Capital Related Costs-Movable Equipment 148,404 N/A 3.00 Other Capital Related Costs 0 N/A 0 N/A 3.02 0 N/A 0 N/A 0 N/A 3.04 0 N/A 0 N/A 3.05 0 N/A 0 N/A 3.06 0 N/A 0 N/A 3.07 0 N/A 0 N/A 3.09 0 N/A 0 N/A 3.09 0 N/A 0 N/A 4.00 Employee Benefits 3,472 95,174 5.01 Nonpatient Telephones 690 0 5.02 0 0 0 0 5.03 0 0 0 0 5.04 Admitting 1,030 46,114 5.05 Patient Accounting 1,936 53,472 5.07		COST CENTER	AUDITED CAP RELATED	AUDITED SAL & EMP BENEFITS
1.01 Capital Related Costs-Patient Tower 0 N/A	COL.	ALLOCATED EXPENSES	(COL 1)	(COL 2)
2.00 Capital Related Costs O N/A	1.00	Capital Related Costs-Buildings and Fixtures	\$ 34,363	\$ N/A
3.00 Other Capital Related Costs 0 N/A 3.02 0 N/A 3.03 0 N/A 3.04 0 N/A 3.05 0 N/A 3.06 0 N/A 3.07 0 N/A 3.08 0 N/A 3.09 0 N/A 4.00 Employee Benefits 3,472 95,174 5.01 Nonpatient Telephones 690 0 5.02 0 0 0 5.03 0 0 0 5.04 Admitting 1,030 46,114 5.05 Patient Accounting 1,936 53,472 5.07 0 0 0 5.08 0 0 0 5.09 0 0 5.00	1.01	Capital Related Costs-Patient Tower	0	N/A
3.02	2.00	Capital Related Costs-Movable Equipment	148,404	N/A
3.03	3.00	Other Capital Related Costs	0	N/A
3.04	3.02		0	N/A
3.05	3.03		0	
3.06			0	
3.07 0 N/A 0 N/A 0 N/A 3.08 0 N/A 0 N/A 3.09 0 N/A 4.00 Employee Benefits 3,472 95,174 5.01 Nonpatient Telephones 690 0 0 0 0 0 0 0 0 0			0	
3.08			I .	
3.09			0	
4.00 Employee Benefits 3,472 95,174 5.01 Nonpatient Telephones 690 0 5.02 0 0 0 5.03 0 0 0 5.04 Admitting 1,030 46,114 5.05 Patient Accounting 1,936 53,472 5.07 0 0 0 5.08 0 0 0 5.09 0 0 0 5.09 0 0 0 5.00 Maintenance and Repairs 0 0 0 6.00 Maintenance and Repairs 0 0 0 7.00 Operation of Plant 32,954 23,274 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel <td></td> <td></td> <td>_</td> <td></td>			_	
5.01 Nonpatient Telephones 690 0 5.02 0 0 0 5.03 0 0 0 5.04 Admitting 1,030 46,114 5.05 Patient Accounting 1,936 53,472 5.07 0 0 0 5.08 0 0 0 5.09 0 0 0 5.06 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 0 13.00 Nursing Administration 2,418 442,885 14.00 C	3.09		0	N/A
5.02 0 0 0 5.03 0 0 0 5.04 Admitting 1,030 46,114 5.05 Patient Accounting 1,936 53,472 5.07 0 0 0 5.08 0 0 0 5.09 0 0 0 5.06 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17			3,472	95,174
5.03 0 0 0 5.04 Admitting 1,030 46,114 5.05 Patient Accounting 1,936 53,472 5.07 0 0 0 5.08 0 0 0 5.09 0 0 0 5.06 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 18.00 Other General Service (specify)	5.01	Nonpatient Telephones	690	0
5.04 Admitting 1,030 46,114 5.05 Patient Accounting 1,936 53,472 5.07 0 0 5.08 0 0 5.09 0 0 5.06 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 18.00 Other General Service (specify) 0 0 19.00 Nonphysician Anesthetists 0 0			0	0
5.05 Patient Accounting 1,936 53,472 5.07 0 0 0 5.08 0 0 0 5.09 0 0 0 5.09 0 0 0 5.00 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Soci	5.03		0	0
5.07 0 0 0 5.08 0 0 0 5.09 0 0 0 5.06 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 18.00 Other General Service (specify) 0 0 <t< td=""><td></td><td></td><td>1,030</td><td>46,114</td></t<>			1,030	46,114
5.08 0 0 0 5.09 0 0 0 5.06 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 18.00 Other General Service (specify) 0 0 19.00 Nonphysician Anesthetists 0 0	5.05	Patient Accounting	1,936	53,472
5.09 0 0 0 5.06 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 18.00 Other General Service (specify) 0 0 19.00 Nonphysician Anesthetists 0 0 20.00 Intern & Res. Service-Salary & Fringes (Approved			0	0
5.06 Other Administrative and General 23,801 431,752 6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 18.00 Other General Service (specify) 0 0 19.00 Nonphysician Anesthetists 0 0 20.00 Intern & Res. Service-Salary & Fringes (Approved) 0 0 22.00 <td< td=""><td>5.08</td><td></td><td>0</td><td>0</td></td<>	5.08		0	0
6.00 Maintenance and Repairs 0 0 7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 23.01 0 <t< td=""><td>5.09</td><td></td><td>0</td><td>0</td></t<>	5.09		0	0
7.00 Operation of Plant 32,954 23,274 8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 23.01 0 0 0 23.02 0 0 0<	5.06	Other Administrative and General	23,801	431,752
8.00 Laundry and Linen Service 6,241 11,703 9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 23.01 0 0 0 23.02 0 0 0	6.00	Maintenance and Repairs	0	0
9.00 Housekeeping 899 7,504 10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 23.01 0 0 0 23.02 0 0	7.00	Operation of Plant	32,954	23,274
10.00 Dietary 4,796 8,696 11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 0	8.00	Laundry and Linen Service	6,241	11,703
11.00 Cafeteria 7,117 12,903 12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 0 23.02 0 0 0			899	7,504
12.00 Maintenance of Personnel 0 0 13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 23.01 0 0 0 23.02 0 0 0				8,696
13.00 Nursing Administration 2,418 442,885 14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 23.01 0 0 0 23.02 0 0 0			7,117	12,903
14.00 Central Services and Supply 0 0 15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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 0			- v	ŭ
15.00 Pharmacy 17 1,252 16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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			2,418	442,885
16.00 Medical Records & Library 1,056 33,854 17.00 Social Service 6,411 130,803 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			-	
17.00 Social Service 6,411 130,803 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				
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			·	
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				
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				
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				
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				0
23.00 Paramedical Ed. Program (specify) 0 0 23.01 0 0 23.02 0 0				
23.01 0 0 23.02 0 0				
23.02 0 0		Paramedical Ed. Program (specify)		
			0	0
101.00 TOTAL ALLOCATED INDIRECT EXPENSES \$ 275,605 \$ 1,299,386	23.02		0	0
	101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 275,605	\$ 1,299,386

(To Adult Subacute Sch 1)

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 1.01	OTHER CAP RELATED COSTS 2.00	ALLOC COST 3.00	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs-Buildings and Fixtures	783,732											
1.01	Capital Related Costs-Patient Tower	207,652	0										
	Capital Related Costs-Movable Equipment	3,384,662	0	0									
	Other Capital Related Costs	0	0	0	0								
3.02		0	0	0	0	0	_						
3.03 3.04		0	0	0	0	0	0	0					
3.05		0	0	0	0	0	0	0	0				
3.06		0	0	0	0	0	0	0	0	0			
3.07		0	0	0	0	0	0	0	0	0	0		
3.08		0	0	0	0	0	0	0	0	0	0	0	
3.09)	0	0	0	0	0	0	0	0	0	0	0	0
4.00	Employee Benefits	1,422,045	9,755	0	42,127	0	0	0	0	0	0	0	0
	Nonpatient Telephones	582,928	3,104	0	13,407	0	0	0	0	0	0	0	0
5.02		0	0	0	0	0	0	0	0	0	0	0	0
5.03		0	0	0	0	0	0	0	0	0	0	0	0
	4 Admitting	1,999,371	6,554	0	28,303	0	0	0	0	0	0	0	0
5.07	5 Patient Accounting	5,269,098 0	15,781 0	0	68,154 0	0	0	0	0	0	0	0	0 0
5.08		0	0	0	0	0	0	0	0	0	0	0	0
5.09		0	0	0	0	0	0	0	0	0	0	0	0
	Other Administrative and General	30,424,012	37,282	207,652	161,006	0	0	0	0	0	0	0	0
	Maintenance and Repairs	0	0	0	0	0	0	0	0	0	0	0	0
	Operation of Plant	8,306,689	104,942	0	453,208	0	0	0	0	0	0	0	0
8.00	Laundry and Linen Service	832,091	3,151	0	13,609	0	0	0	0	0	0	0	0
) Housekeeping	2,829,324	1,345	0	5,810	0	0	0	0	0	0	0	0
	Dietary Dietary	3,634,846	14,570	0	62,922	0	0	0	0	0	0	0	0
	Cafeteria	0	0	0	0	0	0	0	0	0	0	0	0
	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
	Nursing Administration	2,678,660	517	0	2,234	0	0	0	0	0	0	0	0
	Central Services and Supply Pharmacy	662,105 3,748,812	11,235 5,055	0	48,521 21,832	0	0	0	0	0	0 0	0	0
	Medical Records & Library	2,300,022	6,036	0	26,069	0	0	0	0	0	0	0	0
	Social Service	549,685	3,351	0	14,473	0	0	0	0	0	0	0	0
	Other General Service (specify)	0	0	0	0	0	0	0	0	0	0	0	0
	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
	Intern & Res. Other Program Costs (Approved)	2,917	0	0	0	0	0	0	0	0	0	0	0
23.00 23.01	Paramedical Ed. Program (specify)	121,987	0	0	0	0	0	0	0	0	0	0	0
23.0		0	0	0	0	0	0	0	0 0	0	0 0	0	0
23.02	INPATIENT ROUTINE COST CENTERS	U	U	U	U	U	U	U	U	U	U	U	U
30.00	Adults & Pediatrics (Gen Routine)	26,876,141	139,267	0	601,445	0	0	0	0	0	0	0	0
	Intensive Care Unit	8,455,794	33,548	0	144,882	0	0	0	0	0	0	0	0
	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	Ö
	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Neonatal Intensive Care Unit	5,503,033	2,777	0	11,995	0	0	0	0	0	0	0	0
	Subprovider - IPF	0	0	0	0	0	0	0	0	0	0	0	0
	Subprovider - IRF	2,774,983	21,209	0	91,595	0	0	0	0	0	0	0	0
	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
	Nursery	1,814,636	1,044	0	4,511	0	0	0	0	0	0	0	0
	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
	Nursing Facility Adult Subacute Care Unit	0 8,908,820	34,363	0	0 148,404	0	0	0	0	0	0 0	0	0
47.00		0,900,020	34,363 0	0	146,404	0	0	0	0	0	0	0	0
		0	3	U	9	J	0	9	· ·	5	3	3	9

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 1.01	OTHER CAP RELATED COSTS 2.00	ALLOC COST 3.00	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
ANCILL	ARY COST CENTERS												
50.00 Operatin	ng Room	5,955,200	31,363	0	135,444	0	0	0	0	0	0	0	0
51.00 Recover	y Room	1,472,705	0	0	0	0	0	0	0	0	0	0	0
	oom and Delivery Room	7,543,841	27,026	0	116,716	0	0	0	0	0	0	0	0
53.00 Anesthe		0	0	0	0	0	0	0	0	0	0	0	0
54.00 Radiolog		2,517,667	26,234	0	113,296	0	0	0	0	0	0	0	0
55.00 Radiolog		2,548,832	6,761	0	29,197	0	0	0	0	0	0	0	0
56.00 Radioiso		840,022	6,112	0	26,396	0	0	0	0	0	0	0	0
57.00 CT Scan		879,264	0	0	0	0	0	0	0	0	0	0	0
	c Resonance Imaging (MRI)	662,820	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiac		1,489,024	5,298	0	22,881	0	0	0	0	0	0	0	0
60.00 Laborato		7,424,669	19,102	0	82,496	0	0	0	0	0	0	0	0
	nical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
	Blood & Packed Red Blood Cells toring, Processing, & Transfusion	· ·	•	0	0	0	0	0	0	0	0	0	0
64.00 Intraven		1,473,259 0	0	0	0	0	0	0	0	0	0	0	0
65.00 Respirat		6,894,402	4,614	0	19,925	0	0	0	0	0	0	0	0
66.00 Physical		2,562,313	9,661	0	41,722	0	0	0	0	0	0	0	0
67.00 Occupat		33,494	0,001	0	0	0	0	0	0	0	0	0	0
68.00 Speech		00,404	0	0	0	0	0	0	0	0	0	0	0
69.00 Electroca		915,471	2,882	0	12,447	0	0	0	0	0	0	0	0
70.00 Electroe		116,640	854	0	3,688	0	0	0	0	0	0	0	0
	Supplies Charged to Patients	1,860,590	0	0	0	0	0	0	0	0	0	0	0
	ble Devices Charged to Patients	2,915,553	0	0	0	0	0	0	0	0	0	0	0
	harged to Patients	6,578,259	0	0	0	0	0	0	0	0	0	0	0
74.00 Renal Di	ialysis	1,043,980	1,380	0	5,959	0	0	0	0	0	0	0	0
75.00 ASC (No		0	0	0	0	0	0	0	0	0	0	0	0
76.00 Ultrasou		761,821	0	0	0	0	0	0	0	0	0	0	0
76.01 Endosco	рру	794,366	11,292	0	48,765	0	0	0	0	0	0	0	0
78.00		0	0	0	0	0	0	0	0	0	0	0	0
79.00		0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00 84.00		0	•	Ū	0	0	ŭ	0	0	0	0	ŭ	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
	ealth Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
	y Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00 Clinic	,	0	0	0	0	0	0	0	0	0	0	0	0
90.02 Neuro C	linic	364,334	9,847	0	42,526	0	0	0	0	0	0	0	0
91.00 Emerger	ncy	7,399,543	12,950	0	55,927	0	0	0	0	0	0	0	0
	tion Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
93.01		0	0	0	0	0	0	0	0	0	0	0	0
93.02		0	0	0	0	0	0	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05	IMPLIDOADI E COCT CENTEDO	0	0	0	0	0	0	0	0	0	0	0	0
	IMBURSABLE COST CENTERS	0	0	0	0	^	0	0	0	0	0	0	0
94.00 Home Pi		0	-	0	0	0	0	0	0	0	0	-	0
95.00 Ambular		0	0	0	0	0	0	0	0	0	0	0	0
	Medical Equipment-Rented Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
	eimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
	ent Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
	esident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home H		0	0	0	0	0	0	0	0	0	0	0	0
	▽ -7	-	-	•	•	-	_	_	-	-	-	-	_

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 1.01	OTHER CAP RELATED COSTS 2.00	ALLOC COST 3.00	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	2,895	0	12,501	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	6,721	0	29,024	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	2,631,429	5,511	0	23,798	0	0	0	0	0	0	0	0
194.01 Public Relations	2,072,610	4,015	0	17,339	0	0	0	0	0	0	0	0
194.02 Doctors Meals	0	0	0	0	0	0	0	0	0	0	0	0
194.03 North Building	0	134,326	0	580,107	0	0	0	0	0	0	0	0
TOTAL	193,826,153	<u>783,732</u>	207,652	3,384,662	<u>0</u>							

Provider Name:

Fiscal Period Ended: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER **DECEMBER 31, 2012**

ADMINIS-

	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 5.07	ALLOC COST 5.08	ALLOC COST 5.09	ACCUMULATE COST	TRATIVE & GENERAL 5.06
1.01 2.00 3.00 3.02 3.03 3.04 3.05 3.06	Capital Related Costs-Movable Equipment												
3.07 3.08													
3.09													
	Employee Benefits	0											
5.01 5.02	Nonpatient Telephones	0	0	0									
5.02		0	0	0	0								
	Admitting	0	25,244	24,302	0	0							
	Patient Accounting	0	36,910	39,030	0	0	0						
5.07		0	0	0	0	0	0	0					
5.08 5.09		0	0	0	0	0	0	0	0	0			
	Other Administrative and General	0	115,829	85,424	0	0	0	0	0	0	0	31,031,204	
	Maintenance and Repairs	0	0	0	0	0	0	0	0	0	0	0	0
	Operation of Plant	0	31	27,984	0	0	0	0	0	0	0	8,892,854	1,695,114
	Laundry and Linen Service	0	0	736	0	0	0	0	0	0	0	849,588	161,944
	Housekeeping Dietary	0	0	3,682 7,364	0	0	0	0	0	0	0	2,840,161 3,719,702	541,378 709,032
	Cafeteria	0	0	0	0	0	0	0	0	0	0	0	0
	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0	35,729	18,410	0	0	0	0	0	0	0	2,735,551	521,438
	Central Services and Supply Pharmacy	0	5,753 48,897	9,573	0 0	0	0	0	0	0	0	737,187 3,832,697	140,519 730,571
	Medical Records & Library	0	46,697 21,549	8,101 20,620	0	0	0	0	0	0	0	2,374,295	452,577
		0	6,947	10,310	0	0	0	0	0	0	0	584,766	111,465
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
	Nursing School Intern & Res. Service-Salary & Fringes (Approved)	0	0 3,808	0	0	0	0	0	0	0	0	0 3,808	0 726
	3. (11	0	0,000	0	0	0	0	0	0	0	0	2,917	556
23.00		0	1,462	0	0	0	0	0	0	0	0	123,449	23,531
23.01		0	0	0	0	0	0	0	0	0	0	0	0
23.02	INPATIENT ROUTINE COST CENTERS	0	0	0	0	0	0	0	0	0	0	0	0
30.00	Adults & Pediatrics (Gen Routine)	0	325,045	69,959	0	0	249,945	529,092	0	0	0	28,790,893	5,487,984
		0	99,324	25,774	0	0	105,003	216,954	0	0	0	9,081,279	1,731,031
	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
	Surgical Intensive Care Unit Neonatal Intensive Care Unit	0	0 66,452	11,783	0	0	33,217	68,633	0	0	0	0 5,697,889	0 1,086,105
		0	0	0	0	0	0	0	0	0	0	0	0
41.00	Subprovider - IRF	0	33,111	14,728	0	0	16,025	33,110	0	0	0	2,984,761	568,941
	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
	•	0	16,274 0	2,946 0	0	0	12,644 0	26,124 0	0	0	0	1,878,178 0	358,010 0
	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
	Adult Subacute Care Unit	0	98,646	25,038	0	0	58,941	121,781	0	0	0	9,395,993	1,791,020
47.00		0	0	0	0	0	0	0	0	0	0	0	0

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 5.07	ALLOC COST 5.08	ALLOC COST 5.09	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.06
ANCILLARY COST CENTERS												
50.00 Operating Room	0	48,020	33,875	0	0	77,489	283,265	0	0	0	6,564,656	1,251,324
51.00 Recovery Room	0	19,150	1,473	0	0	58,235	207,425	0	0	0	1,758,988	335,290
52.00 Labor Room and Delivery Room	0	89,335	10,310	0	0	41,499	107,280	0	0	0	7,936,007	1,512,724
53.00 Anesthesiology 54.00 Radiology-Diagnostic	0	0 25,701	0 29,456	0	0	14,792 30,609	48,446 126,194	0	0	0	63,238 2,869,157	12,054 546,905
55.00 Radiology-Diagnostic	0	15,524	10,310	0	0	36,183	134,169	0	0	0	2,780,976	530,097
56.00 Radioisotope	0	6,109	2,946	0	0	8,299	25,197	0	0	0	915,082	174,429
57.00 CT Scan	0	10,339	0	0	0	50,960	224,028	0	0	0	1,164,592	221,989
58.00 Magnetic Resonance Imaging (MRI)	0	4,613	2,946	0	0	22,244	60,481	0	0	0	753,103	143,553
59.00 Cardiac Catheterization	0	11,974	5,891	0	0	39,360	95,751	0	0	0	1,670,179	318,362
60.00 Laboratory	0	59,656	19,883	0	0	110,515	294,828	0	0	0	8,011,150	1,527,048
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	1 502 482	0
63.00 Blood Storing, Processing, & Transfusion 64.00 Intravenous Therapy	0	0	2,946 0	0	0	8,328 0	17,949 0	0	0	0	1,502,482 0	286,396 0
65.00 Respiratory Therapy	0	81,977	4,418	0	0	379,731	790,668	0	0	0	8,175,736	1,558,420
66.00 Physical Therapy	0	33,450	5,891	0	0	27,401	74,155	0	0	0	2,754,593	525,067
67.00 Occupational Therapy	0	0	0	0	0	17,675	37,313	0	0	0	88,481	16,866
68.00 Speech Pathology	0	0	736	0	0	2,494	5,542	0	0	0	8,773	1,672
69.00 Electrocardiology	0	8,237	6,628	0	0	60,498	159,470	0	0	0	1,165,633	222,188
70.00 Electroencephalography	0	1,457	0	0	0	1,756	4,725	0	0	0	129,120	24,612
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	172,689	393,842	0	0	0	2,427,120	462,646
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	35,982	92,937	0	0	0	3,044,471	580,323
73.00 Drugs Charged to Patients	0	0	0	0	0	294,549	697,896	0	0	0	7,570,704	1,443,092
74.00 Renal Dialysis 75.00 ASC (Non-Distinct Part)	0	0	0	0 0	0	14,673 0	30,521 0	0	0	0	1,096,511 0	209,012 0
76.00 Ultrasound	0	10,021	5,891	0	0	18,262	80,202	0	0	0	876,198	167,017
76.01 Endoscopy	0	7,090	0,091	0	0	19,322	65,794	0	0	0	946,628	180,442
78.00	0	0	0	0	0	0	00,704	0	0	0	0-10,020	0
79.00	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00 85.00	0	0	0	0 0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
87.00	0	0	0	0	0	0	0	0	0	0	0	0
87.01	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
90.02 Neuro Clinic	0	3,030	1,473	0	0	1	1,352	0	0	0	422,563	80,547
91.00 Emergency	0	65,176	40,503	0	0	64,455	373,850	0	0	0	8,012,404	1,527,287
92.00 Observation Beds (Non-Distinct Part) 93.01	0	0	0	0 0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Other Reimbursable (specify) 99.00 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0
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	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 5.07	ALLOC COST 5.08	ALLOC COST 5.09	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.06
105.00 H	Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
	Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 L	Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
	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
	Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 I	Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
	Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
	Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
	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 I		0	0	0	0	0	0	0	0	0	0	0	0
	Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	15,396	2,935
	Research	0	0	0	0	0	0	0	0	0	0	0	0
	Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	35,745	6,814
	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
	Retail Pharmacy	0	14,784	8,101	0	0	0	0	0	0	0	2,683,623	511,540
	Public Relations	0	17,272	0	0	0	0	0	0	0	0	2,111,237	402,434
	Doctors Meals	0	0	0	0	0	0	0	0	0	0	0	0
194.03	North Building	0	0	0	0	0	0	0	0	0	0	714,433	136,182
7	TOTAL	<u>0</u>	1,473,927	599,439	<u>0</u>	<u>0</u>	2,083,773	5,428,973	<u>0</u>	<u>0</u>	<u>0</u>	193,826,153	31,031,204

Provider Name:	Fiscal Period Ended:
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	DECEMBER 31, 2012

	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
1.01 2.00	GENERAL SERVICE COST CENTER Capital Related Costs-Buildings and Fixtures Capital Related Costs-Patient Tower Capital Related Costs-Movable Equipment Other Capital Related Costs												
3.04													
3.05													
3.06 3.07													
3.07													
3.09													
	Employee Benefits												
5.01 5.02	Nonpatient Telephones												
5.03													
	Admitting												
	Patient Accounting												
5.07 5.08													
5.09													
	Other Administrative and General												
	Maintenance and Repairs Operation of Plant	0											
	Laundry and Linen Service	0	55,031										
	Housekeeping	0	23,492	0									
	Dietary	0	254,432	0	82,435								
11.00 12.00	Cafeteria Maintenance of Personnel	0	0	0	0	3,045,958 0	0						
	Nursing Administration	0	9,035	0	2,927	0	63,146	0					
14.00	Central Services and Supply	0	196,197	4,021	63,567	0	25,191	0	0				
	Pharmacy Madical Baserda & Library	0	88,280	0	28,603	0	98,333	0	0	0	0		
	Medical Records & Library Social Service	0	105,411 58,524	0	34,153 18,962	0	78,463 16,425	0	0	0	0	0	
	Other General Service (specify)	0	0	0	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
	Nursing School Intern & Res. Service-Salary & Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0
23.01 23.02		0	0	0	0	0	0	0	0	0	0	0	0
23.02	INPATIENT ROUTINE COST CENTERS	U	U	0	0	0	U	0	U	0	0	U	U
30.00	Adults & Pediatrics (Gen Routine)	0	2,431,996	401,875	787,960	1,211,081	725,149	0	1,254,948	0	634	296,747	373,780
	Intensive Care Unit	0	585,844	57,395	189,812	67,126	174,613	0	300,660	0	242	121,681	53,453
	Coronary Care Unit Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Neonatal Intensive Care Unit	0	48,501	16,925	15,714	0	115,435	0	202,120	0	0	38,493	39,813
40.00	The state of the s	0	0	0	0	0	0	0	0	0	0	0	0
	Subprovider - IRF Subprovider (specify)	0	370,372 0	0	120,000 0	176,130 0	76,680 0	0	136,229 0	0	32 0	18,570 0	45,177 0
	Nursery	0	18,239	0	5,909	0	24,114	0	46,475	0	0	14,652	62,219
	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
	Nursing Facility Adult Subacute Care Unit	0	600.084	303.160	104.426	225.265	0 334,246	0	0 605,788	0	0 1,789	68 303 0	0 215 701
47.00	Addit Subacute Care Offic	0	600,084 0	303,160 0	194,426 0	225,265 0	334,246	0	005,766	0	1,789	68,302 0	215,701 0

	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
	ANCILLARY COST CENTERS												
50.00	Operating Room	0	547,680	34,379	177,447	0	127,461	0	145,428	0	18,118	158,872	0
51.00	Recovery Room	0	0	0	0	0	37,586	0	72,429	0	0	116,337	0
52.00	Labor Room and Delivery Room	0	471,952	90,339	152,911	30,977	168,338	0	264,210	0	2,764	60,169	0
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	27,171	0
	Radiology-Diagnostic	0	458,122	21,021	148,430	0	95,473	0	0	0	28,558	70,778	0
55.00	3, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1	0	118,060	0	38,251	0	58,871	0	33,107	0	124,216	75,250	0
	Radioisotope	0	106,736	5,463	34,582	0	16,886	0	0	0	313,088	14,132	0
	CT Scan	0	0	0	0	0	25,744	0	0	0	141,424	125,649	0
	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	11,811	0	0	0	59,903	33,921	0
	Cardiac Catheterization	0	92,521	1,572	29,976	0	39,462	0	37,584	0	28,580	53,703	0
	Laboratory	0	333,581 0	0	108,079 0	0	170,337 0	0	0	0	70 0	165,358 0	0
	PBP Clinical Laboratory Services-Program Only Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
	Blood Storing, Processing, & Transfusion	0	0	0	0	0	0	0	0	0	0	10,067	0
	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	10,067	0
	Respiratory Therapy	0	80,570	0	26,105	0	189,223	0	0	0	30	443,455	0
	Physical Therapy	0	168,706	8,944	54,660	0	62,992	0	43,400	0	344	41,591	0
	Occupational Therapy	0	0	0,011	0 .,000	0	21,654	0	0	0	0	20,927	0
68.00		0	0	0	0	0	0	0	0	0	0	3,108	0
	Electrocardiology	0	50.332	1,013	16,308	0	30,450	0	0	0	459	89,440	0
70.00		0	14,914	4,269	4,832	0	11,996	0	0	0	0	2,650	0
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	781,677	0	220,891	0
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	385,005	0	52,125	0
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	391,423	0
74.00	Renal Dialysis	0	24,094	0	7,806	0	0	0	0	0	0	17,118	0
	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00		0	0	8,372	0	0	25,345	0	0	0	1,924	44,982	0
76.01		0	197,185	0	63,887	0	12,365	0	23,828	0	4,207	36,901	0
78.00		0	0	0	0	0	0	0	0	0	0	0	0
79.00		0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00 83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00		0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
90.02	Neuro Clinic	0	171,959	22,783	55,714	0	9,473	0	0	0	0	758	0
91.00	3 3 4	0	226,146	85,031	73,271	9,065	131,705	0	165,890	0	836	209,678	0
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
93.01		0	0	0	0	0	0	0	0	0	0	0	0
93.02		0	0	0	0	0	0	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
04.00	NONREIMBURSABLE COST CENTERS	•	^	•	•	^	^	^	^	•	•	•	^
	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
	Ambulance Services	0	0	-	0	0	0	0	0	0	0	0	0
	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Durable Medical Equipment-Sold Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00		0	0	0	0	0	0	0	0	0	0	0	0
	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0
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Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

	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
	Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
	Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
	Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
	Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
	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
	Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00	Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	0	50,549	0	16,378	0	0	0	0	0	0	0	0
	Research	0	0	0	0	0	0	0	0	0	0	0	0
	Physicians' Private Offices	0	117,362	0	38,025	0	0	0	0	0	0	0	0
	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
	Retail Pharmacy	0	96,231	0	31,179	0	29,066	0	0	0	4,050,823	0	0
	Public Relations	0	70,113	0	22,717	0	37,925	0	0	0	443	0	0
194.02	Doctors Meals	0	0	0	0	0	0	0	0	0	0	0	0
194.03	North Building	0	2,345,715	0	760,005	0	0	0	0	0	0	0	0
	TOTAL	<u>0</u>	10,587,968	1,066,563	3,405,031	4,765,602	3,045,958	<u>0</u>	3,332,097	1,166,682	<u>4,778,484</u>	3,044,900	790,142

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

POST

	TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	STEP-DOWN ADJUSTMENT (Adjs 2, 3) 25.00	TOTAL COST 26.00
1.01 2.00 3.00 3.02 3.03 3.04 3.05 3.06 3.07 3.08												
5.01 5.02 5.03 5.04 5.05	Employee Benefits Nonpatient Telephones Admitting Patient Accounting											
6.00 7.00												
9.00 10.00 11.00 12.00 13.00 14.00	Housekeeping Dietary Cafeteria Maintenance of Personnel Nursing Administration Central Services and Supply											
16.00 17.00 18.00 19.00 20.00	Pharmacy Medical Records & Library Social Service Other General Service (specify) Nonphysician Anesthetists Nursing School	0	0									
22.00 23.00 23.01 23.02	INPATIENT ROUTINE COST CENTERS	0 0 0 0	0 0 0 0	(0 0 0 0 0 0 0 0	(0 0 0	0				
31.00 32.00 33.00 34.00 35.00	Adults & Pediatrics (Gen Routine) Intensive Care Unit Coronary Care Unit Burn Intensive Care Unit Surgical Intensive Care Unit Neonatal Intensive Care Unit	0 0 0 0 0	0 0 0 0	(0 1,511 0 0 0 0 0 0 0 0 0 1,511	(((1,158	0 0 0 0 0 0 0 0 0 0 8 0	0 0 0 0	0 0 0 0	41,765,716 12,363,136 0 0 0 7,263,664	4,496,892	46,262,608 12,363,136 0 0 0 7,263,664
42.00 43.00 44.00 45.00	Subprovider - IRF Subprovider (specify) Nursery Skilled Nursing Facility Nursing Facility	0 0 0 0 0	0 0 0 0	(0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(0 0 0 0 0 0 0 0 0	0 0 0 0	0 0 0 0 0	4,496,892 0 2,407,797 0	(4,496,892)	0 0 0 2,407,797 0 0
46.00 47.00	Adult Subacute Care Unit	0			0 0		0 0	0	0	13,735,776 0		13,735,776 0

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

POST

TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	STEP-DOWN ADJUSTMENT (Adjs 2, 3) 25.00	TOTAL COST 26.00
ANCILLARY COST CENTERS											
50.00 Operating Room	0	0	(1,511	1,158	0	0	0	9,028,033	0	9,028,033
51.00 Recovery Room	0	-	Č		0,100		0	0	2,320,630	Ŭ	2,320,630
52.00 Labor Room and Delivery Room	0	-	(0		0	0	10,690,393		10,690,393
53.00 Anesthesiology	0		Č		0	-	0	0	102,463		102,463
54.00 Radiology-Diagnostic	0	0	(0	0		0	0	4,238,445		4,238,445
55.00 Radiology-Therapeutic	0	0	(0	0	0	0	0	3,758,828		3,758,828
56.00 Radioisotope	0	0	(0	0	0	0	0	1,580,397		1,580,397
57.00 CT Scan	0	0	(0	0	0	0	0	1,679,398		1,679,398
58.00 Magnetic Resonance Imaging (MRI)	0	0	(0	0	0	0	0	1,002,291		1,002,291
59.00 Cardiac Catheterization	0	0	(0	0	0	0	0	2,271,938		2,271,938
60.00 Laboratory	0	•	(0	-	0	0	10,315,623		10,315,623
61.00 PBP Clinical Laboratory Services-Program Only	0	-	(•	0	-	0	0	0		0
62.00 Whole Blood & Packed Red Blood Cells	0	•	(0	•	0	0	0		0
63.00 Blood Storing, Processing, & Transfusion	0	-	(0	-	0	0	1,798,944		1,798,944
64.00 Intravenous Therapy	0	-	(•	0	-	0	0	0		0
65.00 Respiratory Therapy	0	•	(0	-	0	0	10,473,538		10,473,538
66.00 Physical Therapy	0	•	(0	-	0	0	3,660,298		3,660,298
67.00 Occupational Therapy 68.00 Speech Pathology	0	ŭ	(0	-	0	0	147,928 13,554		147,928 13,554
69.00 Electrocardiology	0		(0	-	0	0	1,575,824		1,575,824
70.00 Electrocardiology	0	-	(•	0	-	0	0	192,393		192,393
71.00 Medical Supplies Charged to Patients	0		(0	-	0	0	3,892,334		3,892,334
72.00 Implantable Devices Charged to Patients	0	-	(0	-	0	0	4,061,924		4,061,924
73.00 Drugs Charged to Patients	0		Č		0	-	0	0	9,552,198		9,552,198
74.00 Renal Dialysis	0	0	() 0	0		0	0	1,354,541		1,354,541
75.00 ASC (Non-Distinct Part)	0	0	(0	0	0	0	0	0		0
76.00 Ultrasound	0	0	(0	0	0	0	0	1,123,837		1,123,837
76.01 Endoscopy	0	0	(0	0	0	0	0	1,465,443		1,465,443
78.00	0	0	(0	0	0	0	0	0		0
79.00	0	•	(•	0	-	0	0	0		0
80.00	0	•	(0	-	0	0	0		0
81.00	0	-	(•	0	-	0	0	0		0
82.00	0	•	(0	-	0	0	0		0
83.00	0	-	(0	-	0	0	0		0
84.00 85.00	0	-	(•	0	-	0	0	0		0
86.00	0		(0	-	0	0	0		0
87.00	0	-	(0	-	0	0	0		0
87.01	0		(0	-	0	0	0		0
88.00 Rural Health Clinic (RHC)	0		(0	-	0	0	0		0
89.00 Federally Qualified Health Center (FQHC)	0	-	(•	0	-	0	0	0		0
90.00 Clinic	0	0	(0	0	0	0	0	0		0
90.02 Neuro Clinic	0	0	(0	0	0	0	0	763,797		763,797
91.00 Emergency	0	0	(0	0	0	0	0	10,441,312		10,441,312
92.00 Observation Beds (Non-Distinct Part)	0	0	(0	0	0	0	0	0		0
93.01	0	0	(0	0	0	0	0	0		0
93.02	0	•	(•	0	-	0	0	0		0
93.03	0	0	(0	0	•	0	0	0		0
93.04	0	-	(0	-	0	0	0		0
93.05	0	0	(0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTERS	•	•	,		•		•	•	_		•
94.00 Home Program Dialysis	0		(0		0	0	0		0
95.00 Ambulance Services	0		(0		0	0	0		0
96.00 Durable Medical Equipment-Rented	0		(0	-	0	0	0		0
97.00 Durable Medical Equipment-Sold 98.00 Other Reimbursable (specify)	0	-	(•	0		0	0	0		0
99.00 Outpatient Rehabilitation Provider (specify)	0		(0	-	0	0	0		0
100.00 Intern-Resident Service (not appvd. tchng. prgm.)	0		(0	-	0	0	0		0
101.00 Home Health Agency	0		(0	-	0	0	0		0
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HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

nozer.	TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC)	NONPHYSICIAN ANESTHETIST	NURSING SCHOOL	I & R SVC SAL & BENEFITS	I&R OTHER PROGRAM COSTS	PARAMEDICAL EDUCATION PROGRAM	ALLOC COST	ALLOC COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENT (Adjs 2, 3)	TOTAL COST
		18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02	24.00	25.00	26.00
105.00	Kidney Acquisition	0	0	0	0	0	0	0	0	0		0
106.00	Heart Acquisition	0	0	0	0	0	0	0	0	0		0
107.00	Liver Acquisition	0	0	0	0	0	0	0	0	0		0
108.00	Lung Acquisition	0	0	0	0	0	0	0	0	0		0
109.00	Pancreas Acquisition	0	0	0	0	0	0	0	0	0		0
110.00	Intestinal Acquisition	0	0	0	0	0	0	0	0	0		0
111.00	Islet Acquisition	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
	Interest Expense	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
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0		0
116.00	Hospice	0	0	0	0	0	0	0	0	0		0
117.00	Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0		0
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	85,257		85,257
191.00	Research	0	0	0	0	0	0	0	0	0		0
192.00	Physicians' Private Offices	0	0	0	0	0	0	0	0	197,945		197,945
193.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
	Retail Pharmacy	0	0	0	0	0	0	0	0	7,402,462		7,402,462
	Public Relations	0	0	0	0	0	0	0	0	2,644,869		2,644,869
194.02	Doctors Meals	0	0	0	0	0	0	0	0	0		0
194.03	North Building	0	0	0	0	0	0	0	0	3,956,335		3,956,335
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,534</u>	<u>3,473</u>	146,980	<u>0</u>	<u>0</u>	193,826,153	<u>0</u>	193,826,153

STAT

3.02

(Adj) (Adj)

STAT

3.03

(Adj) (Adj)

STAT

3.04

(Adj) (Adj)

STAT

3.05

(Adj) (Adj)

STAT

3.06

(Adj) (Adj)

STAT

3.07

(Adj) (Adj)

STAT

3.08

(Adj) (Adj)

STAT

3.09

(Adj) (Adj)

Provider Name:	Fiscal Period Ended:
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	DECEMBER 31, 2012

		CAP REL BLDG & FIX (SQ FT) 1.00 (Adj)	CAP REL MOV EQUIP (SQ FT) 1.01 (Adj)	OTHER CAP REL (SQ FT) 2.00 (Adj)	3.00 (Adj)
1.00 1.01 2.00 3.00 3.02 3.03 3.04 3.05 3.06 3.07 3.08	GENERAL SERVICE COST CENTERS Capital Related Costs-Buildings and Fixtures Capital Related Costs-Patient Tower Capital Related Costs-Movable Equipment Other Capital Related Costs	(Adj)	(Adj)	(Adj)	(Adj)
3.09 4.00 5.01 5.02	Employee Benefits Nonpatient Telephones	7,070 2,250		7,070 2,250	
5.03 5.04 5.05 5.07 5.08 5.09	Admitting Patient Accounting	4,750 11,438		4,750 11,438	
5.06	Other Administrative and General	27,021	7,550	27,021	
6.00 7.00	Maintenance and Repairs Operation of Plant	76,060		76,060	
8.00	Laundry and Linen Service	2,284		2,284	
9.00	Housekeeping	975		975	
10.00	Dietary	10,560		10,560	
11.00	Cafeteria				
12.00	Maintenance of Personnel	075		275	
13.00 14.00	Nursing Administration Central Services and Supply	375 8,143		375 8,143	
15.00	Pharmacy	3,664		3,664	
16.00	Medical Records & Library	4,375		4,375	
17.00	Social Service	2,429		2,429	
18.00	Other General Service (specify)				
19.00	Nonphysician Anesthetists				
20.00 21.00	Nursing School 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)	100,938		100,938	
31.00	Intensive Care Unit	24,315		24,315	
32.00	Coronary Care Unit				
33.00	Burn Intensive Care Unit				
34.00	Surgical Intensive Care Unit	0.040		0.040	
35.00 40.00	Neonatal Intensive Care Unit Subprovider - IPF	2,013		2,013	
41.00	Subprovider - IRF	15,372		15,372	
42.00	Subprovider (specify)	.0,0.2		. 0,0. =	
43.00	Nursery	757		757	
44.00	Skilled Nursing Facility				
45.00 46.00	Nursing Facility Adult Subacute Care Unit	24.906		24,906	
47.00	Addit Subacute Care Offic	24,900		24,900	

STAT

3.02

(Adj) (Adj) STAT

3.03

(Adj) (Adj) STAT

3.04

(Adj) (Adj) STAT

3.05

(Adj) (Adj)

STAT

3.00

(Adj) (Adj)

Provider Name:

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

101.00 Home Health Agency

Fiscal Period Ended: DECEMBER 31, 2012

STAT

3.09

(Adj) (Adj)

STAT

3.08

(Adj) (Adj)

STAT

3.07

(Adj) (Adj)

STAT

3.06

(Adj) (Adj)

	ANGUL ADV COOT OFNITED	CAP REL BLDG & FIX (SQ FT) 1.00 (Adj) (Adj)	CAP REL MOV EQUIP (SQ FT) 1.01 (Adj) (Adj)	OTHER CAP REL (SQ FT) 2.00 (Adj) (Adj)
E0.00	ANCILLARY COST CENTERS	22.724		22.724
50.00 51.00	Operating Room Recovery Room	22,731		22,731
52.00	Labor Room and Delivery Room	19,588		19,588
53.00	Anesthesiology	10,000		.0,000
54.00	Radiology-Diagnostic	19,014		19,014
55.00	Radiology-Therapeutic	4,900		4,900
56.00	Radioisotope	4,430		4,430
57.00	CT Scan			
58.00	Magnetic Resonance Imaging (MRI)	0.040		0.040
59.00 60.00	Cardiac Catheterization Laboratory	3,840 13,845		3,840 13,845
61.00	PBP Clinical Laboratory Services-Program Only	13,043		13,043
62.00	Whole Blood & Packed Red Blood Cells			
63.00	Blood Storing, Processing, & Transfusion			
64.00	Intravenous Therapy			
65.00	Respiratory Therapy	3,344		3,344
66.00	Physical Therapy	7,002		7,002
67.00	Occupational Therapy			
68.00	Speech Pathology			0.000
69.00	Electrocardiology	2,089		2,089
70.00 71.00	Electroencephalography Medical Supplies Charged to Patients	619		619
72.00	Implantable Devices Charged to Patients			
73.00	Drugs Charged to Patients			
74.00	Renal Dialysis	1,000		1,000
75.00	ASC (Non-Distinct Part)			
76.00	Ultrasound			
76.01	Endoscopy	8,184		8,184
78.00				
79.00				
80.00 81.00				
82.00				
83.00				
84.00				
85.00				
86.00				
87.00				
87.01	Dural Health Clinia (DLIC)			
88.00 89.00	Rural Health Clinic (RHC) Federally Qualified Health Center (FQHC)			
90.00	Clinic			
90.02	Neuro Clinic	7,137		7,137
91.00	Emergency	9,386		9,386
92.00	Observation Beds (Non-Distinct Part)			
93.01				
93.02				
93.03				
93.04				
93.05	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis			
95.00 96.00	Ambulance Services Durable Medical Equipment-Rented			
96.00	Durable Medical Equipment-Sold			
98.00	Other Reimbursable (specify)			
99.00	Outpatient Rehabilitation Provider (specify)			
100.00	Intern-Resident Service (not appvd. tchng. prgm.)			
101.00	Home Health Agency			

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER												Period Ended: MBER 31, 2012	
	CAP REL	CAP REL	OTHER CAP REI	STAT									

		CAP REL BLDG & FIX	CAP REL MOV EQUIP	OTHER CAP REL	STAT	STAT	STAT						
		(SQ FT) 1.00 (Adj) (Adj)	(SQ FT) 1.01 (Adj) (Adj)	(SQ FT) 2.00 (Adj) (Adj)	3.00 (Adj) (Adj)	3.02 (Adj) (Adj)	3.03 (Adj) (Adj)	3.04 (Adj) (Adj)	3.05 (Adj) (Adj)	3.06 (Adj) (Adj)	3.07 (Adj) (Adj)	3.08 (Adj) (Adj)	3.09 (Adj) (Adj)
105.00	Kidney Acquisition												
106.00	Heart Acquisition												
107.00	Liver Acquisition												
108.00	Lung Acquisition												
109.00	Pancreas Acquisition												
110.00	Intestinal Acquisition												
111.00	Islet Acquisition												
112.00	Other Organ Acquisition (specify)												
113.00	Interest Expense												
114.00	Utilization Review-SNF												
115.00	Ambulatory Surgical Center (Distinct Part)												
116.00	Hospice												
117.00	Other Special Purpose (specify)												
190.00	Gift, Flower, Coffee Shop, & Canteen	2,098		2,098									
191.00	Research												
192.00	Physicians' Private Offices	4,871		4,871									
193.00	Nonpaid Workers												
194.00	Retail Pharmacy	3,994		3,994									
194.01	Public Relations	2,910		2,910									
194.02	Doctors Meals												
194.03	North Building	97,357		97,357									
	TOTAL	568,034	7,550	568,034	0	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	783,732	207,652	3,384,662	0	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	1.379727	27.503576	5.958555	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		(GROSS	NONPATIENT TELEPHONES	STAT	STAT		PATIENT ACCOUNTING	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM	MANT & REPAIRS
		SALARIES) 4.00 (Adj) (Adj)	(# OF INSTRU) 5.01 (Adj) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	CHARGES) 5.04 (Adj) (Adj)	(GROSS CHG) 5.05 (Adj) (Adj)	5.07 (Adj) (Adj)	5.08 (Adj) (Adj)	5.09 (Adj) (Adj)		COST) 5.06	6.00 (Adj) (Adj)
1.00 1.01	GENERAL SERVICE COST CENTERS Capital Related Costs-Buildings and Fixtures Capital Related Costs-Patient Tower	(Auj)	(Adj)	(Auj)	(Auj)	(Auj)	(Adj)	(Adj)	(Adj)	(Auj)			(Adj)
2.00	Capital Related Costs-Patient Tower Capital Related Costs-Movable Equipment												
3.00	Other Capital Related Costs												
3.02	Carlos Capital Molaton Coolo												
3.03													
3.04													
3.05													
3.06													
3.07													
3.08													
3.09													
4.00	Employee Benefits												
5.01	Nonpatient Telephones												
5.02													
5.03													
5.04	Admitting	1,605,948	33										
5.05	Patient Accounting	2,348,155	53										
5.07													
5.08													
5.09 5.06	Other Administrative and General	7,368,778	116										
6.00	Maintenance and Repairs	7,300,770	110									0	
7.00	Operation of Plant	1,992	38									8,892,854	
8.00	Laundry and Linen Service	1,002	1									849,588	
9.00	Housekeeping		5									2,840,161	
10.00	Dietary		10									3,719,702	
11.00	Cafeteria											0	
12.00	Maintenance of Personnel											0	
13.00	Nursing Administration	2,272,989	25									2,735,551	
14.00	Central Services and Supply	365,983	13									737,187	
15.00	Pharmacy	3,110,745	11									3,832,697	
16.00	Medical Records & Library	1,370,890	28									2,374,295	
17.00	Social Service	441,939	14									584,766	
18.00	Other General Service (specify)											0	
19.00	Nonphysician Anesthetists											0	
20.00	Nursing School	0.40.000										0	
21.00	Intern & Res. Service-Salary & Fringes (Approved)	242,268										3,808	
22.00 23.00	Intern & Res. Other Program Costs (Approved) Paramedical Ed. Program (specify)	93,007										2,917 123,449	
23.00	raiametical Ett. Frogram (specify)	93,007										123,449	
23.02												0	
20.02	INPATIENT ROUTINE COST CENTERS											0	
30.00	Adults & Pediatrics (Gen Routine)	20,678,636	95			95,761,791	98,110,208					28,790,893	
31.00	Intensive Care Unit	6,318,775	35			40,229,990	40,229,990					9,081,279	
32.00	Coronary Care Unit											0	
33.00	Burn Intensive Care Unit											0	
34.00	Surgical Intensive Care Unit											0	
35.00	Neonatal Intensive Care Unit	4,227,506	16			12,726,633	12,726,633					5,697,889	
40.00	Subprovider - IPF											0	
41.00	Subprovider - IRF	2,106,432	20			6,139,690	6,139,690					2,984,761	
42.00	Subprovider (specify)											0	
43.00	Nursery	1,035,310	4			4,844,224	4,844,224					1,878,178	
44.00	Skilled Nursing Facility											0	
45.00	Nursing Facility	6 07E 640	34			22 502 007	22 502 007					0 305 003	
46.00 47.00	Adult Subacute Care Unit	6,275,643	34			22,582,067	22,582,067					9,395,993 0	
₹1.00												J	

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		(GROSS SALARIES) 4.00 (Adj)	NONPATIENT TELEPHONES (# OF INSTRU) 5.01 (Adj)	5.02 (Adj)	5.03 (Adj)	ADMITTING (INPATIENT CHARGES) 5.04 (Adj)	(GROSS CHG) 5.05 (Adj)	5.07 (Adj)	5.08 (Adj)	5.09 (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS 6.00 (Adj)
	ANCILLARY COST CENTERS	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		0	(Adj)
E0.00		2.054.020	40			20,000,044	E0 E00 40E						
50.00	Operating Room	3,054,936	46 2			29,688,614	52,526,135					6,564,656	
51.00 52.00	Recovery Room Labor Room and Delivery Room	1,218,282 5,683,322	14			22,311,766 15,899,396	38,463,066 19,893,113					1,758,988 7,936,007	
53.00	Anesthesiology	3,003,322	14			5,667,237	8,983,402					63,238	
54.00	Radiology-Diagnostic	1,635,036	40			11,727,095	23,400,390					2,869,157	
55.00	Radiology-Diagnostic	987,615	14			13,862,929	24,879,197					2,780,976	
56.00	Radioisotope	388,665	4			3,179,729	4,672,251					915,082	
57.00	CT Scan	657,751	7			19,524,444	41,541,854					1,164,592	
58.00	Magnetic Resonance Imaging (MRI)	293,450	4			8,522,313	11,215,016					753,103	
59.00	Cardiac Catheterization	761,757	8			15,080,021	17,755,163					1,670,179	
60.00	Laboratory	3,795,217	27			42,341,736	54,670,364					8,011,150	
61.00	PBP Clinical Laboratory Services-Program Only											0	
62.00	Whole Blood & Packed Red Blood Cells											0	
63.00	Blood Storing, Processing, & Transfusion		4			3,190,741	3,328,273					1,502,482	
64.00	Intravenous Therapy											0	
65.00	Respiratory Therapy	5,215,220	6			145,486,986	146,614,591					8,175,736	
66.00	Physical Therapy	2,128,038	8			10,498,022	13,750,674					2,754,593	
67.00	Occupational Therapy					6,771,724	6,918,915					88,481	
68.00	Speech Pathology		1			955,705	1,027,687					8,773	
69.00	Electrocardiology	524,021	9			23,178,821	29,570,686					1,165,633	
70.00	Electroencephalography	92,670				672,690	876,163					129,120	
71.00	Medical Supplies Charged to Patients					66,162,543	73,030,572					2,427,120	
72.00	Implantable Devices Charged to Patients					13,785,712	17,233,376					3,044,471	
73.00 74.00	Drugs Charged to Patients Renal Dialysis					112,851,017	129,411,703					7,570,704 1,096,511	
75.00	ASC (Non-Distinct Part)					5,621,513	5,659,477					1,090,511	
76.00	Ultrasound	637,510	8			6,996,840	14,872,029					876,198	
76.01	Endoscopy	451,079	O			7,402,726	12,200,173					946,628	
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 88.00	Rural Health Clinic (RHC)											0	
89.00	Federally Qualified Health Center (FQHC)											0	
90.00	Clinic											0	
90.02	Neuro Clinic	192,748	2			385	250,702					422,563	
91.00	Emergency	4,146,352	55			24,694,658	69,323,531					8,012,404	
92.00	Observation Beds (Non-Distinct Part)	, -,				, ,	,-					0	
93.01	,											0	
93.02												0	
93.03												0	
93.04												0	
93.05												0	
_,	NONREIMBURSABLE COST CENTERS											0	
94.00	Home Program Dialysis											0	
95.00	Ambulance Services											0	
96.00	Durable Medical Equipment-Rented											0	
97.00	Durable Medical Equipment-Sold Other Reimbursable (specify)											0	
98.00 99.00	Outpatient Rehabilitation Provider (specify)											0	
100.00	Intern-Resident Service (not appvd. tchng. prgm.)											0	
101.00	Home Health Agency											0	
												· ·	

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		EMP BENE (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF INSTRU)	STAT	STAT	ADMITTING (INPATIENT CHARGES)	PATIENT ACCOUNTING (GROSS CHG)	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS
		4.00 (Adj)	5.01 (Adj)	5.02 (Adj)	5.03 (Adj)	5.04 (Adj)	5.05 (Adj)	5.07 (Adj)	5.08 (Adj)	5.09 (Adj)		5.06	6.00 (Adj)
105.00	Kidney Acquisition	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		0	(Adj)
105.00 106.00	Heart Acquisition											0	
107.00	Liver Acquisition											0	
107.00	Lung Acquisition											0	
109.00	Pancreas Acquisition											0	
110.00	Intestinal Acquisition											0	
111.00	Islet Acquisition											0	
112.00	Other Organ Acquisition (specify)											0	
113.00	Interest Expense											0	
114.00	Utilization Review-SNF											0	
115.00	Ambulatory Surgical Center (Distinct Part)											0	
116.00	Hospice											0	
117.00	Other Special Purpose (specify)											0	
190.00	Gift, Flower, Coffee Shop, & Canteen											15,396	
191.00	Research											0	
192.00	Physicians' Private Offices											35,745	
193.00	Nonpaid Workers											0	
194.00	Retail Pharmacy	940,558	11									2,683,623	
194.01	Public Relations	1,098,838										2,111,237	
194.02	Doctors Meals											0	
194.03	North Building											714,433	
	TOTAL	93,768,061	814	0	0	798,359,758	1,006,701,315	0	0	0		162,794,949	0
	COST TO BE ALLOCATED	1,473,927	599,439	0	0	2,083,773	5,428,973	0	0	0		31,031,204	0
	UNIT COST MULTIPLIER - SCH 8	0.015719	736.411715	0.000000	0.000000	0.002610	0.005393	0.000000	0.000000	0.000000		0.190615	0.000000

Fiscal Period Ended: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER **DECEMBER 31, 2012**

		OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	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 (INPATIENT DAYS) 17.00 (Adj) (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj) (Adj)
	GENERAL SERVICE COST CENTERS	` ',	` •,	` • •	` • /	` • /	` • • •	` • • •	` • •	` • • •	` •,	` • •	` • /
1.00	Capital Related Costs-Buildings and Fixtures												
1.01	Capital Related Costs-Patient Tower												
2.00	Capital Related Costs-Movable Equipment												
3.00	Other Capital Related Costs												
3.02	•												
3.03													
3.04													
3.05													
3.06													
3.07													
3.08													
3.09													
4.00	Employee Benefits												
5.01	Nonpatient Telephones												
5.02													
5.03													
5.04	Admitting												
5.05	Patient Accounting												
5.07													
5.08													
5.09													
5.06	Other Administrative and General												
6.00	Maintenance and Repairs												
7.00	Operation of Plant	2.204											
8.00	Laundry and Linen Service	2,284 975											
9.00	Housekeeping			10,560									
10.00 11.00	Dietary Cafeteria	10,560		10,560	109,539								
12.00	Maintenance of Personnel				109,539								
13.00	Nursing Administration	375		375		2,053							
14.00	Central Services and Supply	8,143	5,122	8,143		819							
15.00	Pharmacy	3,664	3,122	3,664		3,197							
16.00	Medical Records & Library	4,375		4,375		2,551							
17.00	Social Service	2,429		2,429		534							
18.00	Other General Service (specify)	2,420		2,420		00-1							
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)	100,938	511,881	100,938	43,553	23,576		440,355		236	98,110,208	47,243	
31.00	Intensive Care Unit	24,315	73,106	24,315	2,414	5,677		105,500		90	40,229,990	6,756	
32.00	Coronary Care Unit												
33.00	Burn Intensive Care Unit												
34.00	Surgical Intensive Care Unit												
35.00	Neonatal Intensive Care Unit	2,013	21,558	2,013		3,753		70,923			12,726,633	5,032	
40.00	Subprovider - IPF	,											
41.00	Subprovider - IRF	15,372		15,372	6,334	2,493		47,802		12	6,139,690	5,710	
42.00	Subprovider (specify)			75-		70.4		40.000			4.044.624	7.004	
43.00	Nursery	757		757		784		16,308			4,844,224	7,864	
44.00	Skilled Nursing Facility												
45.00 46.00	Nursing Facility Adult Subacute Care Unit	24,906	386,145	24,906	8,101	10,867		212,568		600	22,582,067	27,263	
46.00 47.00	Addit Subacute Gate Offic	24,906	300,143	24,900	8,101	10,867		212,568		666	22,582,067	21,203	
-1.00													

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: **DECEMBER 31, 2012**

		OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	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 (INPATIENT DAYS) 17.00 (Adj) (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj) (Adj)
	ANCILLARY COST CENTERS												
50.00	Operating Room	22,731	43,790	22,731		4,144		51,030		6,744	52,526,135		
51.00	Recovery Room	40 500	445.000	40.500	4 44 4	1,222		25,415		4 000	38,463,066		
52.00	Labor Room and Delivery Room	19,588	115,068	19,588	1,114	5,473		92,710		1,029	19,893,113		
53.00 54.00	Anesthesiology Radiology-Diagnostic	19,014	26,775	19,014		3,104				10,630	8,983,402 23,400,390		
54.00 55.00	Radiology-Diagnostic Radiology-Therapeutic	4,900	20,775	4,900		1,914		11,617		46,236	24,879,197		
56.00	Radioisotope	4,430	6,958	4,430		549		11,017		116,538	4,672,251		
57.00	CT Scan	4,430	0,930	4,430		837				52,641	41,541,854		
58.00	Magnetic Resonance Imaging (MRI)					384				22,297	11,215,016		
59.00	Cardiac Catheterization	3,840	2,002	3,840		1,283		13,188		10,638	17,755,163		
60.00	Laboratory	13,845	_,	13,845		5,538		,		26	54,670,364		
61.00	PBP Clinical Laboratory Services-Program Only	-,-		-,-		.,					- ,,		
62.00	Whole Blood & Packed Red Blood Cells												
63.00	Blood Storing, Processing, & Transfusion										3,328,273		
64.00	Intravenous Therapy												
65.00	Respiratory Therapy	3,344		3,344		6,152				11	146,614,591		
66.00	Physical Therapy	7,002	11,392	7,002		2,048		15,229		128	13,750,674		
67.00	Occupational Therapy					704					6,918,915		
68.00	Speech Pathology	0.000	4 000	0.000		200				4-4	1,027,687		
69.00	Electrocardiology	2,089	1,290	2,089		990				171	29,570,686		
70.00 71.00	Electroencephalography	619	5,438	619		390			67		876,163 73,030,572		
71.00	Medical Supplies Charged to Patients Implantable Devices Charged to Patients								33		17,233,376		
73.00	Drugs Charged to Patients								33		129,411,703		
74.00	Renal Dialysis	1,000		1,000							5,659,477		
75.00	ASC (Non-Distinct Part)	1,000		1,000							3,033,477		
76.00	Ultrasound		10,664			824				716	14,872,029		
76.01	Endoscopy	8,184		8,184		402		8,361		1,566	12,200,173		
78.00	• • • • • • • • • • • • • • • • • • • •												
79.00													
80.00													
81.00													
82.00													
83.00													
84.00													
85.00													
86.00 87.00													
87.00													
88.00	Rural Health Clinic (RHC)												
89.00	Federally Qualified Health Center (FQHC)												
90.00	Clinic												
90.02	Neuro Clinic	7,137	29,019	7,137		308					250,702		
91.00	Emergency	9,386	108,307	9,386	326	4,282		58,210		311	69,323,531		
92.00	Observation Beds (Non-Distinct Part)	-,	,	-,		,		,			,		
93.01	•												
93.02													
93.03													
93.04													

NONREIMBURSABLE COST CENTERS

94.00 Home Program Dialysis

Ambulance Services 95.00

93.05

96.00 Durable Medical Equipment-Rented

97.00 Durable Medical Equipment-Sold

98.00 Other Reimbursable (specify)

99.00 Outpatient Rehabilitation Provider (specify)

100.00 Intern-Resident Service (not appvd. tchng. prgm.)
Home Health Agency

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	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 (INPATIENT DAYS) 17.00 (Adj) (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj) (Adj)
105.00	Kidney Acquisition	` •,	` */	` • •	,	` • • •	` • /	` • •	` • •	` • •	,	` ''	` • • •
106.00	Heart Acquisition												
107.00	Liver Acquisition												
108.00	Lung Acquisition												
109.00	Pancreas Acquisition												
110.00	Intestinal Acquisition												
111.00	Islet Acquisition												
112.00	Other Organ Acquisition (specify)												
113.00	Interest Expense												
114.00	Utilization Review-SNF												
115.00	Ambulatory Surgical Center (Distinct Part)												
116.00	Hospice												
117.00	Other Special Purpose (specify)												
190.00	Gift, Flower, Coffee Shop, & Canteen	2,098		2,098									
191.00	Research												
192.00	Physicians' Private Offices	4,871		4,871									
193.00	Nonpaid Workers												
194.00	Retail Pharmacy	3,994		3,994		945				1,507,803			
194.01	Public Relations	2,910		2,910		1,233				165			
194.02	Doctors Meals												
194.03	North Building	97,357		97,357									
	TOTAL	439,445	1,358,515	436,186	171,381	99,030	0	1,169,216	100	1,778,654	1,006,701,315	99,868	0
	COST TO BE ALLOCATED	10,587,968	1,066,563	3,405,031	4,765,602	3,045,958	0	3,332,097	1,166,682	4,778,484	3,044,900	790,142	0
	UNIT COST MULTIPLIER - SCH 8	24.093954	0.785095	7.806373	27.807061	30.757929	0.000000	2.849856	11666.822500	2.686573	0.003025	7.911866	0.000000

Provider Name:

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	OTHER PROG		STAT	STAT
		19.00 (Adj) (Adj)	20.00 (Adj) (Adj)	(ASG TIME) 21.00 (Adj) (Adj)	(ASG TIME) 22.00 (Adj) (Adj)	(ASG TIME) 23.00 (Adj) (Adj)	23.01 (Adj) (Adj)	23.02 (Adj) (Adj)
	GENERAL SERVICE COST CENTERS	(Auj)	(Auj)	(Auj)	(Auj)	(Au))	(Auj)	(Auj)
1.00	Capital Related Costs-Buildings and Fixtures							
1.01	Capital Related Costs-Patient Tower							
2.00	Capital Related Costs-Movable Equipment							
3.00	Other Capital Related Costs							
3.02	Cirior Capital Molated Cools							
3.03								
3.04								
3.05								
3.06								
3.07								
3.08								
3.09								
4.00	Employee Benefits							
5.01	Nonpatient Telephones							
5.02								
5.03	A desirate a							
5.04 5.05	Admitting Patient Accounting							
5.05	Patient Accounting							
5.08								
5.09								
5.06	Other 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 14.00	Nursing Administration 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	INDATION DOUTING COST CONTERS							
30.00	INPATIENT ROUTINE COST CENTERS Adults & Pediatrics (Gen Routine)			50	50			
31.00	Intensive Care Unit			50	50			
32.00	Coronary Care Unit							
33.00	Burn Intensive Care Unit							
34.00	Surgical Intensive Care Unit							
35.00	Neonatal Intensive Care Unit			50	50			
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 47.00	Adult Subacute Care Unit							
₹1.00								

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
		19.00 (Adj) (Adj)	20.00 (Adj) (Adj)	21.00 (Adj) (Adj)	22.00 (Adj) (Adj)	23.00 (Adj) (Adj)	23.01 (Adj) (Adj)	23.02 (Adj) (Adj)
	ANCILLARY COST CENTERS							
50.00	Operating Room			50	50			
51.00	Recovery Room							
52.00	Labor Room and Delivery Room							
53.00	Anesthesiology							
54.00	Radiology-Diagnostic							
55.00 56.00	Radiology-Therapeutic							
56.00 57.00	Radioisotope 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, & Transfusion							
64.00	Intravenous Therapy							
65.00	Respiratory Therapy							
66.00	Physical Therapy							
67.00	Occupational Therapy							
68.00 69.00	Speech Pathology Electrocardiology							
70.00	Electrocardiology							
71.00	Medical Supplies Charged to Patients							
72.00	Implantable Devices Charged to Patients							
73.00	Drugs Charged to Patients					100		
74.00	Renal Dialysis							
75.00	ASC (Non-Distinct Part)							
76.00	Ultrasound							
76.01	Endoscopy							
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 90.02	Clinic Neuro Clinic							
91.00	Emergency							
92.00	Observation Beds (Non-Distinct Part)							
93.01	Coortainer Seas (Non Sisterior Larry							
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 98.00	Durable Medical Equipment-Sold Other Reimbursable (specify)							
98.00	Outpatient Rehabilitation Provider (specify)							
100.00	Intern-Resident Service (not appvd. tchng. prgm.)							
101.00	Home Health Agency							

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
		19.00 (Adj) (Adj)	20.00 (Adj) (Adj)	21.00 (Adj) (Adj)	22.00 (Adj) (Adj)	23.00 (Adj) (Adj)	23.01 (Adj) (Adj)	23.02 (Adj) (Adj)
105.00	Kidney Acquisition	,					,	,
106.00	Heart Acquisition							
107.00	Liver Acquisition							
108.00	Lung Acquisition							
109.00	Pancreas Acquisition							
110.00	Intestinal Acquisition							
111.00	Islet Acquisition							
112.00	Other Organ Acquisition (specify)							
113.00	Interest Expense							
114.00	Utilization Review-SNF							
115.00	Ambulatory Surgical Center (Distinct Part)							
116.00	Hospice							
117.00	Other Special Purpose (specify)							
190.00	Gift, Flower, Coffee Shop, & Canteen							
191.00	Research							
192.00	Physicians' Private Offices							
193.00 194.00	Nonpaid Workers							
194.00	Retail Pharmacy Public Relations							
194.01	Doctors Meals							
194.02	North Building							
134.03	Notifi Building							
	TOTAL	0	0	150	150	100	0	0
	COST TO BE ALLOCATED	0	0	4,534	3,473	146,980	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	30.227149	23.153498	1469.802220	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
	Capital Related Costs-Buildings and Fixtures	\$ 2,356,041	\$ (1,572,309)	
	Capital Related Costs-Patient Tower	207,652	0	207,652
	Capital Related Costs-Movable Equipment	3,384,662	0	3,384,662
	Other Capital Related Costs	0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.08		0	0	0
3.09		0	0	0
	Employee Benefits	1,422,045	0	1,422,045
	Nonpatient Telephones	582,928	0	582,928
5.02	Nonpatient relephones	0	0	0
5.03		0	0	0
	Admitting	1,999,371	0	1,999,371
	Patient Accounting	5,269,098	0	5,269,098
5.07	Tation Accounting	0	0	0,200,000
5.08		0	0	0
5.09		0	0	0
	Other Administrative and General	30,424,012	0	30,424,012
	Maintenance and Repairs	00,121,012	0	00,121,012
	Operation of Plant	8,306,689	0	8,306,689
	Laundry and Linen Service	832,091	0	832,091
	Housekeeping	2,829,324	0	2,829,324
	Dietary	3,634,846	0	3,634,846
	Cafeteria	0	0	0
12.00	Maintenance of Personnel	0	0	0
	Nursing Administration	2,678,660	0	2,678,660
	Central Services and Supply	662,105	0	662,105
	Pharmacy	3,748,812	0	3,748,812
	Medical Records & Library	2,300,022	0	2,300,022
	Social Service	549,685	0	549,685
	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	2,917	0	2,917
23.00	Paramedical Ed. Program (specify)	121,987	0	121,987
23.01		0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
	Adults & Pediatrics (Gen Routine)	26,876,141	0	26,876,141
	Intensive Care Unit	8,455,794	0	8,455,794
	Coronary Care Unit	0	0	0
33.00	Burn Intensive Care Unit	0	0	0
	Surgical Intensive Care Unit	0	0	0
	Neonatal Intensive Care Unit	5,503,033	0	5,503,033
	Subprovider - IPF	0	0	0
	Subprovider - IRF	2,774,983	0	2,774,983
	Subprovider (specify)	0	0	0
	Nursery	1,814,636	0	1,814,636
	Skilled Nursing Facility	0	0	0
	Nursing Facility	0	0	0
	Adult Subacute Care Unit	8,908,820	0	8,908,820
47.00		0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

		REPORTED	ADJUSTMENTS (From Sch 10A)		AUDITED
	ANCILLARY COST CENTERS		,		
50.00	Operating Room	\$ 5,955,200	\$ 0	\$	5,955,200
51.00	Recovery Room	1,472,705	0		1,472,705
	Labor Room and Delivery Room	7,543,841	0		7,543,841
	Anesthesiology	0	0		0
54.00	Radiology-Diagnostic	2,517,667	0		2,517,667
55.00	Radiology-Therapeutic	2,548,832	0		2,548,832
56.00	Radioisotope	840,022	0		840,022
	CT Scan	879,264	0		879,264
58.00	Magnetic Resonance Imaging (MRI)	662,820	0		662,820
	Cardiac Catheterization	1,489,024	0		1,489,024
60.00	Laboratory	7,424,669	0		7,424,669
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, & Transfusion	1,473,259	0		1,473,259
64.00	Intravenous Therapy	0	0		0
65.00	Respiratory Therapy	6,894,402	0		6,894,402
66.00	Physical Therapy	2,562,313	0		2,562,313
67.00	Occupational Therapy	33,494	0		33,494
68.00	Speech Pathology	0	0		0
	Electrocardiology	915,471	0		915,471
70.00	Electroencephalography	116,640	0		116,640
	Medical Supplies Charged to Patients	1,860,590	0		1,860,590
72.00	Implantable Devices Charged to Patients	2,915,553	0		2,915,553
73.00	Drugs Charged to Patients	6,578,259	0		6,578,259
	Renal Dialysis	1,043,980	0		1,043,980
75.00	ASC (Non-Distinct Part)	0	0		0
	Ultrasound	761,821	0		761,821
76.01	Endoscopy	794,366	0		794,366
78.00		0	0		0
79.00		0	0		0
80.00		0	0		0
81.00		0	0		0
82.00		0	0		0
83.00		0	0		0
84.00		0	0		0
85.00		0	0		0
86.00		0	0		0
87.00		0	0		0
87.01		0	0		0
	Rural Health Clinic (RHC)	0	0		0
	Federally Qualified Health Center (FQHC)	0	0		0
	Clinic	0	0		0
	Neuro Clinic	364,334	0		364,334
91.00	Emergency	7,399,543	0		7,399,543
92.00	Observation Beds (Non-Distinct Part)	0	0		0
93.01		0	0		0
93.02		0	0		0
93.03		0	0		0
93.04		0	0	L	0
93.05		0	0		0
	SUBTOTAL	\$ 190,694,423	\$ (1,572,309)	\$	189,122,114
	NONREIMBURSABLE COST CENTERS				
94.00	Home Program Dialysis	0	0		0
	Ambulance Services	0	0		0
	Durable Medical Equipment-Rented	0	0		0
	Durable Medical Equipment-Sold	0	0		0

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Fiscal Period Ended: DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)	C	0	0
99.00	Outpatient Rehabilitation Provider (specify)	C	0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	C	0	0
101.00	Home Health Agency	C	0	0
105.00	Kidney Acquisition	C	0	0
106.00	Heart Acquisition	C	0	0
107.00	Liver Acquisition	C	0	0
108.00	Lung Acquisition	C	0	0
109.00	Pancreas Acquisition	C	0	0
110.00	Intestinal Acquisition	C	0	0
111.00	Islet Acquisition	C	0	0
112.00	Other Organ Acquisition (specify)	C	0	0
113.00	Interest Expense	C	0	0
114.00	Utilization Review-SNF	C	0	0
115.00	Ambulatory Surgical Center (Distinct Part)	C	0	0
116.00	Hospice	C	0	0
117.00	Other Special Purpose (specify)	C	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	C	0	0
191.00	Research	C	0	0
192.00	Physicians' Private Offices	C	0	0
193.00	Nonpaid Workers	C	0	0
194.00	Retail Pharmacy	2,631,429	0	2,631,429
194.01	Public Relations	2,072,610	0	2,072,610
194.02	Doctors Meals	C	0	0
194.03	North Building	C	0	0
	SUBTOTAL	\$ 4,704,039	\$ 0	\$ 4,704,039
200	TOTAL	\$ 195,398,462	\$ (1,572,309)	\$ 193,826,153

(To Schedule 8)

0

SCHEDULE 10A Page 1 Fiscal Period Ended:

Provider Name:
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

47.00

DECEMBER 31, 2012 AUDIT ADJ TOTAL ADJ (Page 1 & 2) GENERAL SERVICE COST CENTER 1.00 Capital Related Costs-Buildings and Fixtures (\$1,572,309) (1,572,309) 1.01 Capital Related Costs-Patient Tower 2.00 Capital Related Costs-Movable Equipment 3.00 Other Capital Related Costs 3.02 0 3.03 0 3.04 0 3.05 0 3.06 0 3.07 3.08 3.09 4.00 **Employee Benefits** Nonpatient Telephones 0 5.02 0 5.03 0 5.04 Admitting 0 5.05 Patient Accounting 0 5.07 0 5.08 5.09 0 5.06 Other Administrative and General 0 6.00 Maintenance and Repairs 0 7.00 Operation of Plant 0 8.00 Laundry and Linen Service 0 9.00 Housekeeping 0 10.00 Dietary 0 11.00 Cafeteria 12.00 Maintenance of Personnel 13.00 Nursing Administration 0 14.00 Central Services and Supply 0 15.00 Pharmacy 0 16.00 Medical Records & Library 0 17.00 Social Service 0 18.00 Other General Service (specify) 0 19.00 Nonphysician Anesthetists 0 20.00 Nursing School 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) 0 31.00 Intensive Care Unit 32.00 Coronary Care Unit 33.00 Burn Intensive Care Unit 0 34.00 Surgical Intensive Care Unit 0 35.00 Neonatal Intensive Care Unit 0 40.00 Subprovider - IPF 0 41.00 Subprovider - IRF 0 42.00 Subprovider (specify) 0 43.00 Nursery 44.00 Skilled Nursing Facility 45.00 Nursing Facility 0 46.00 Adult Subacute Care Unit 0

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

HOLLTWC	OD PRESBITERIAN MEDICAL CENTER												DECEME	DER 31, 2012
		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 4	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	ANCILLARY COST CENTERS													
50.00	Operating Room	0												
	Recovery Room	0												
	Labor Room and Delivery Room	0	-											-
	Anesthesiology	0												
	Radiology-Diagnostic	0												
	Radiology-Therapeutic	0												
	Radioisotope	0												
	CT Scan	0												
58.00	Magnetic Resonance Imaging (MRI)	0												
59.00	Cardiac Catheterization	0												
60.00	Laboratory	0												
	PBP Clinical Laboratory Services-Program Only	0												
	Whole Blood & Packed Red Blood Cells	0												
63.00	Blood Storing, Processing, & Transfusion	0												
	Intravenous Therapy	0												
	Respiratory Therapy	0												
	Physical Therapy	0												
	Occupational Therapy	0												
	Speech Pathology	0												
	Electrocardiology	0												
70.00	Electroencephalography	0	-											
	Medical Supplies Charged to Patients	0												
	Implantable Devices Charged to Patients	0												
	Drugs Charged to Patients Renal Dialysis	0				$\overline{}$								
	ASC (Non-Distinct Part)	0												
	Ultrasound	0												
	Endoscopy	0												
78.00	Епасосору	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												
	Federally Qualified Health Center (FQHC)	0												
90.00		0												
	Neuro Clinic	0	-											
	Emergency Observation Rada (Non Distinct Port)	0												
93.01	Observation Beds (Non-Distinct Part)	0												
93.02		0				$\overline{}$								
93.03		0												
93.04		0												
93.05		0												
55.50	NONREIMBURSABLE COST CENTERS	O												
94.00	Home Program Dialysis	0												
	Ambulance Services	0								-				
	Durable Medical Equipment-Rented	0												
	Durable Medical Equipment-Sold	0												
	Other Reimbursable (specify)	0												
99.00	Outpatient Rehabilitation Provider (specify)	0												
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0												
101.00	Home Health Agency	0												

STATE OF CALIFORNIA ADJUSTMENTS TO REPORTED COSTS SCHEDULE 10A

Provider Name:

HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

Page 1 Fiscal Period Ended: **DECEMBER 31, 2012**

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 4	AUDIT ADJ										
105.00	Kidney Acquisition	0												
106.00	Heart Acquisition	0												
107.00	Liver Acquisition	0												
	Lung Acquisition	0												
	Pancreas Acquisition	0												
110.00	Intestinal Acquisition	0												
111.00	Islet Acquisition	0												
	Other Organ Acquisition (specify)	0												
	Interest Expense	0												
	Utilization Review-SNF	0												
115.00	Ambulatory Surgical Center (Distinct Part)	0												
	Hospice	0												
117.00	Other Special Purpose (specify)	0												
	Gift, Flower, Coffee Shop, & Canteen	0												
	Research	0												
192.00	Physicians' Private Offices	0												
193.00	Nonpaid Workers	0												
194.00	Retail Pharmacy	0												
194.01	Public Relations	0												
194.02	Doctors Meals	0												
	North Building	0												
200.00	TOTAL	(\$1,572,309) (To Sch 10)	(1,572,309)	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provi	der Name					Fiscal Period	Provider NP	ı	Adjustments
HOLL'	YWOOD PR	ESBYTERIAN	MEDICAL C	ENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
		Report Ref	erences						
			Cost Report	t					
Adj.	Audit	Work					As	Increase	As
No.	Report	Sheet	Part Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted

MEMORANDUM ADJUSTMENT

The Adult Subacute Care Unit costs and statistics reported in the cost report on the Nursing Facility cost center, line 44.00, have been reclassified to the Adult Subacute Care Unit cost center, line 46.00 in accordance with CMS Pub. 15-2, Section 3610.

Provid	der Name					Fiscal Period	Provider NP		Adjustments
HOLLY	/WOOD PR	ESBYTERIA	N MEDICAL	CENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
		Report Re	ferences						
			Cost Repo	ort					
Adj.	Audit	Work					As	Increase	As
No.	Report	Sheet	Part Titl	e Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
						RECLASSIFICATION OF REPORTED COSTS			
2	8.3	В	1	30.00	25	Adults and Pediatrics	\$41,765,716	\$4,496,892	\$46,262,608
	8.3	В	I	41.00	25	Subprovider - IRF To reclassify Subprovider - IRF (Rehabilitation) costs to Adults and Pediatrics after step-down since the unit did not qualify as a separate level of care. 42 CFR 413.20, 413.24 and 413.53(b)(c) CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3, and 2306	4,496,892	(4,496,892)	0

Provi	der Name					Fiscal Period	Provider NPI		Adjustments
HOLL'	YWOOD PF	RESBYTERIAN	N MEDICAL	CENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
		Report Ref	erences						
			Cost Rep	ort					
Adj. No.	Audit Report	Work Sheet	Part Ti	tle Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
						ADJUSTMENTS TO REPORTED COSTS			
3	8.3	В	1	30.00	25	Adults and Pediatrics	(\$2,687)	\$2,687	\$0
	8.3	В	I	35.00	25	Neonatal Intensive Care Unit	(2,686)	2,686	0
	8.3	В	I	50.00	25	Operating Room To reverse the provider's adjustment of interns and residents expense for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2120 and 2304	(2,686)	2,686	0
4	10A	A		1.00	7	Capital Related Costs-Buildings and Fixtures To adjust the provider's related party lease adjustment to agree with the financial statement and prior year's audit finding. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2120 and 2304	\$2,356,041	(\$1,572,309)	\$783,732

Prov	ider Name			Report Title Line Col. XIX 1.00 1 Adult a XIX 4.00 1 Adult a To i Adult Adult a To i Adult a To a			Fiscal Period	Provider NP	I	Adjustments
HOL	LYWOOD PRI	ESBYTERIAN	MEDI	CAL C	ENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
		Report Ref	erences							
			Cost	Report						
Adj. No.	Audit Report	Work Sheet	Part			Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					·		ADJUSTMENTS TO REPORTED PATIENT DAYS			
5	4, Contract 4	D-1	Ţ			1	Adult and Pediatrics (Inpatient Days) - Total	49,481	5,710	55,191
	4, Contract 4	D-1	I	XIX	4.00	1	Adult and Pediatrics (Semi-Private Room Days) - Total To include Subprovider - IRF (Rehabilitation) total inpatient days in Adults and Pediatrics in conjunction with adjustment number 2. 42CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304	47,243	5,710	52,953 *
6	4, Contract 4	D-1	I	XIX	4.00	1	Adult and Pediatrics (Semi-Private Room Days) - Total To adjust the reported adult and pediatrics days to include observation bed days and agree with the provider's patient census report. 42CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304	* 52,953	2,238	55,191

Prov	ider Name						Fiscal Period	Provider NPI	Provider NPI		
HOLI	YWOOD PRE	SBYTERIAN	N MEDI	CAL C	ENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547	1922033547		
		Report Ref	ferences								
	Cost Report										
Adj.	Audit	Work						As	Increase	As	
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted	
							ADJUSTMENT TO REPORTED TOTAL CHARGES				
7	4, Contract 4	D-1	ı	XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Charges) - Total	\$94,286,472	\$6,139,690	\$100,426,162	
	4, Contract 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges) - Total To include Subprovider - IRF (Rehabilitation) charges in Adults and Pediatrics in conjunction with adjustment number 2. 42 CFR 413.20 and 413.50 / CMS Pub. 15-1, Section 2336.1	94,286,472	6,139,690	100,426,162	

Provi	der Name	!				Fiscal Period	Provider NPI		Adjustments
HOLL)	YWOOD PF	RESBYTERIAN	MEDICAL	CENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
		Report Refe	rences						
			O4 D	4					
Adj.	Audit	Work	Cost Repo	οπ	I	_	As	Increase	As
No.	Report	Sheet	Part Title	e Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
INO.	Report	Sileet	rait IIII					(Decrease)	Aujusteu
				AD	<u> </u>	<u>MENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NON</u>	CONTRACT		
8	4A	Not Reported				Medi-Cal Administrative Days (January 2012 through December 2012)	0	316	316
	4A	Not Reported				Medi-Cal Administrative Day Rate (January 2012 through December 2012)	\$0.00	\$416.95	\$416.95
	4A	Not Reported				Medi-Cal Administrative Days (March 2012)	. 0	64	64
	4A	Not Reported				Medi-Cal Administrative Day Rate (March 2012)	\$0.00	\$408.74	\$408.74
	4B	Not Reported				Medi-Cal Administrative Days (October 2012)	0	8	8
	4B	Not Reported				Medi-Cal Administrative Day Rate (October 2012)	\$0.00	\$400.53	\$400.53
9	6	Not Reported				Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$21,248	\$21,248
ľ	6	Not Reported				Medi-Cal Ancillary Charges - Radioisotope	0	200	200
	6	Not Reported				Medi-Cal Ancillary Charges - Laboratory	0	75,110	75,110
	6	Not Reported				Medi-Cal Ancillary Charges - Physical Therapy	0	59,810	59,810
	6	Not Reported				Medi-Cal Ancillary Charges - Occupational Therapy	0	13,487	13,487
	6	Not Reported				Medi-Cal Ancillary Charges - Speech Pathology	0	4,997	4,997
	6	Not Reported				Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	179,965	179,965
	6	Not Reported				Medi-Cal Ancillary Charges - Ultrasound	0	16,943	16,943
	6	Not Reported				Medi-Cal Ancillary Charges - Total	0	371,760	371,760
10	2	Not Reported				Medi-Cal Routine Service Charges	\$0	\$728,776	\$728,776
10	2	Not Reported				Medi-Cal Ancillary Service Charges	0	371,760	371,760
11	3	Not Reported				Medi-Cal Coinsurance	\$0	\$1,314	\$1,314
''	1	Not Reported				Medi-Cal Interim Payments	0	219,287	219,287
						To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 01, 2012 through December 31, 2012 Payment Period: January 01, 2012 through July 24, 2013 Report Date: July 25, 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			
									Page 6

HOLL	VIVIOOD DD						Fiscal Period	Provider NP		Adjustments
	אל עטטאזי.	ESBYTERIAN	MEDIO	CAL CI	ENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
		Report Ref	erences							
۸ -۱:	A1:4	\\/l .	Cost	Report				Δ-		۸ -
Adj. No.	Audit Report	Work Sheet	Dort	Title	Line	Col.	Evolunation of Audit Adjustments	As	Increase	As Adjusted
INO.	Кероп	Sneet	Part	Title			Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
					<u>A</u>	שאטטט	STMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - C	ONTRACT		
12	Contract 4	D-1	1	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	14,050	(2,350)	11,700
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	4,137	69	4,206
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,334	122	1,456
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	3,372	1,377	4,749
13	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$5,346,669	(\$1,871,263)	\$3,475,406
	Contract 6	D-3		XIX	51.00	2	Medi-Cal Ancillary Charges - Recovery Room	3,809,449	2,384,060	6,193,509
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	7,898,668	(7,057,628)	841,040
	Contract 6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	980,032	1,955,521	2,935,553
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	2,747,217	1,251,127	3,998,344
	Contract 6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	2,618,003	(2,593,559)	24,444
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	519,116	35,056	554,172
	Contract 6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - CT Scan	3,691,911	(291,990)	3,399,921
	Contract 6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	1,637,991	(91,664)	1,546,327
	Contract 6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	1,573,990	(590,814)	983,176
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	11,556,071	977,869	12,533,940
	Contract 6	D-3		XIX	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing and Transfusion	922,001	74,516	996,517
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	37,323,411	(18,047,265)	19,276,146
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	921,416	(180,297)	741,119
	Contract 6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	913,729	(71,692)	842,037
	Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	101,715	(19,652)	82,063
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	4,686,217	(3,563,641)	1,122,576
	Contract 6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	111,784	(19,641)	92,143
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	5,205,487	20,919,680	26,125,167
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	0	1,772,599	1,772,599
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	29,434,856	(4,636,715)	24,798,141
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	858,038	91,012	949,050
	Contract 6	D-3		XIX	76.00	2	Medi-Cal Ancillary Charges - Ultrasound	1,776,978	142,788	1,919,766
	Contract 6	D-3		XIX	76.01	2	Medi-Cal Ancillary Charges - Endoscopy	1,438,334	(567,073)	871,261
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	4,937,439	(203,113)	4,734,326
	Contract 6	D-3		XIX	92.00	2	Medi-Cal Ancillary Charges - Observation Beds	639,369	(639,369)	0
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	131,649,891	(10,841,148)	120,808,743
							-Continued on the next page-			
										Page

Prov	ider Name						Fiscal Period	Provider NP		Adjustments
HOLL	LYWOOD PR	ESBYTERIAN	N MEDI	CAL C	ENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
	Report References									
			Cost	Report						
Adj.	Audit	Work						As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
					А	DJUS	TMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CO	NTRACT		
-Conti	inued from pre	vious page-			<u></u>					
14	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$42,941,781	(\$682,741)	\$42,259,040
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	131,649,891	(10,841,148)	120,808,743
15	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	\$0	\$35,893	\$35,893
	Contract 3 E-3 VII XIX 33.00 1			33.00	1	Medi-Cal Coinsurance	0	740,868	740,868	

To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data:

Service Period: January 01, 2012 through December 31, 2012 Payment Period: January 01, 2012 through July 24, 2013

Report Date: July 25, 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

Provid	der Name						Fiscal Period	Provider NPI		Adjustments
HOLLY	/WOOD PF	RESBYTERIAN	MEDI	CAL C	ENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
		Report Refe	rences							
			Cost	Report						
Adj.	Audit	Work	Cost	кероп				As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
1101		0001					ENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - ADUL		(200.000)	, tajaotoa
					/ LDGC	<i>7</i>	LENTO TO RELIGITED WEDT ONE SETTEMENT DRING MOSE	I CODMOUTE		
16	AS 1	Not Reported					Medi-Cal Adult Subacute Days - Ventilator	0	16,749	16,749
	AS 1	Not Reported					Medi-Cal Adult Subacute Days - Nonventilator	0	7,104	7,104
	AS 1	S-3	- 1	XIX	19.00	7	Medi-Cal Adult Subacute Days - Total	22,797	1,056	23,853
							To reflect ventilator and nonventilator Medi-Cal patient days based on			
							the following Fiscal Intermediary Payment Data:			
							Service Period: January 01, 2012 through December 31, 2012			
							Payment Period: January 01, 2012 through July 24, 2013			
							Report Date: July 25, 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			
17	AS 4	D-3		XIX	50.00	2	Subacute Ancillary Charges - Operating Room	\$4,281	(\$4,281)	\$0
	AS 4	D-3		XIX	51.00	2	Subacute Ancillary Charges - Recovery Room	10,696	(10,696)	0
	AS 4	D-3		XIX	53.00	2	Subacute Ancillary Charges - Anesthesiology	7,903	(7,903)	0
	AS 4	D-3		XIX	55.00	2	Subacute Ancillary Charges - Radiology - Therapeutic	8,141	(8,141)	0
	AS 4	D-3		XIX	56.00	2	Subacute Ancillary Charges - Radioisotope	2,818	(2,818)	0
	AS 4	D-3		XIX	57.00	2	Subacute Ancillary Charges - CT Scan	5,176	(5,176)	0
	AS 4	D-3		XIX	63.00	2	Subacute Ancillary Charges - Blood Storing, Processing and Transfusion	49,242	(49,242)	0
	AS 4	D-3		XIX	69.00	2	Subacute Ancillary Charges - Electrocardiology	26,391	(26,391)	0
	AS 4	D-3		XIX	70.00	2	Subacute Ancillary Charges - Electroencephalography	8,233	(8,233)	0
	AS 4	D-3		XIX	74.00	2	Subacute Ancillary Charges - Renal Dialysis	585,498	(585,498)	0
	AS 4 AS 4	D-3 D-3		XIX XIX	76.00 76.01	2 2	Subacute Ancillary Charges - Ultrasound Subacute Ancillary Charges - Endoscopy	3,918 2,305	(3,918) (2,305)	0 0
	AS 4 AS 4	D-3 D-3		XIX	91.00	2	Subacute Ancillary Charges - Emergency	3,953	(3,953)	0
	AS 4	D-3		XIX	200.00	2	Subacute Ancillary Charges - Total	79,574,421	(718,555)	78,855,866 *
	7.0 4	БЗ		XIX	200.00	_	To eliminate total adult subacute ancillary charges that are not	75,574,421	(710,000)	70,000,000
							included in the subacute per diem rate.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			
							CCR, Title 22, Sections 51511(c) and 51511.5(d)			
							*Balance carried forward from prior/to subsequent adjustments			Page 9

Provi	der Name						Fiscal Period	Provider	NPI	Adjustments
HOLL)	YWOOD PR	RESBYTERIAN	N MEDIC	CAL C	ENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	192203354	7	21
		Report Ref	erences							
			Cost I	Report						
Adj.	Audit	Work						As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
					<u>ADJL</u>	<u>JSTM</u>	<u>ENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - A</u>	DULT SUBACU	<u>E</u>	
18	AS 4	D-3		XIX	54.00	2	Subacute Ancillary Charges - Radiology - Diagnostic	\$108,8	15 \$81,627	\$190,442
	AS 4	D-3		XIX	60.00	2	Subacute Ancillary Charges - Laboratory	504,1	1,687,137	2,191,253
	AS 4	D-3		XIX	65.00	2	Subacute Ancillary Charges - Respiratory Therapy	43,620,8	77 18,331,320	61,952,197
	AS 4	D-3		XIX	66.00	2	Subacute Ancillary Charges - Physical Therapy	70,5	27 14,622	85,149
	AS 4	D-3		XIX	67.00	2	Subacute Ancillary Charges - Occupational Therapy		0 12,376	12,376
	AS 4	D-3		XIX	68.00	2	Subacute Ancillary Charges - Speech Pathology		0 24,651	24,651
	AS 4	D-3		XIX	71.00	2	Subacute Ancillary Charges - Medical Supplies Charged to Patients	31,120,3	1,704,330	32,824,643
	AS 4	D-3		XIX	73.00	2	Subacute Ancillary Charges - Drugs Charged to Patients	3,431,2	18 (538,445)	2,892,773
	AS 4	D-3		XIX	200.00	2	Subacute Ancillary Charges - Total	* 78,855,8	66 21,317,618	100,173,484
							To adjust total adult subacute ancillary charges that are included			

in the subacute per diem rate. 42 CFR 413.20 and 413.24

CMS Pub. 15-1, Sections 2300 and 2304

CCR, Title 22, Sections 51511(c) and 51511.5(d)

Provi	der Name						Fiscal Period	Provider NPI		Adjustments
HOLL	YWOOD PR	ESBYTERIAN	MEDICA	AL CE	ENTER		JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1922033547		21
		Report Refe	rences							
			Cost Re	oport						
Adj.	Audit	Work	COSTING	ероп				As	Increase	As
No.	Report	Sheet	Part 7	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
							ADJUSTMENTS TO OTHER MATTERS			
19	Contract 1	Not Reported					Medi-Cal Credit Balances	\$0	\$7,252	\$7,252
19	Contract i	Not Reported					To recover overpayments related to Medi-Cal credit balances.	φυ	Ψ1,232	φ1,232
							42 CFR 413.20 and 413.24			
i							CMS Pub. 15-1, Sections 2300 and 2304			
							CCR, Title 22, Sections 50761 and 51458.1			
20	AS 1	Not Reported					Total Adult Subacute Days - Ventilator	0	19,143	19,143
1	AS 1	Not Reported					Total Adult Subacute Days - Nonventilator	0	8,120	8,120
							To include total Adult Subacute ventilator and nonventilator days in the	-	-,	-,
							audit report.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			
21	Contract 1	Not Reported					Medi-Cal Overpayments	\$0	\$5,654	\$5,654
	AS 1	Not Reported					Medi-Cal Overpayments	0	177,231	177,231
							To recover Medi-Cal overpayments because the Share of Cost			
							was not properly deducted from the amount billed.			
							42 CFR 413.5 and 413.20			
							CMS Pub. 15-1, Sections 2300 and 2409			
							CCR, Title 22, Sections 50786 and 51458.1			