

**REPORT  
ON THE  
COST REPORT REVIEW**

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

**FISCAL PERIOD ENDED  
JUNE 30, 2012**

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

**Section Chief: Robert G. Kwick  
Audit Supervisor: Delia Valencia  
Auditor: Olivia Huetter**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

May 8, 2014

Matthew Beymer  
Reimbursement Manager  
Dignity Health  
3400 Data Drive  
Rancho Cordova, CA 95670

METHODIST HOSPITAL OF SACRAMENTO  
NATIONAL PROVIDER IDENTIFIER (NPI) 1467560599  
FISCAL PERIOD ENDED JUNE 30, 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 \$42,327, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
5. Audit Adjustments Schedule

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

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  
Sacramento, CA 95814  
(916) 322-5603

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

**United States Postal Service (USPS)**

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

**Courier (UPS, FedEx, etc.)**

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

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

Matthew Beymer  
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If you have questions regarding this report, you may call the Audits Section—  
Sacramento at (916) 650-6994.

**Original Signed By**

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

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**METHODIST HOSPITAL OF SACRAMENTO**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1467560599</b>	Reported	\$ (36,339)	
	Net Change	\$ 1,012	
	Audited Amount Due Provider (State)	\$ (35,327)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI: 1467560599</b>	Reported		\$ 15,373,152
	Net Change		\$ 1,956,116
	Audited Cost		\$ 17,329,268
	Audited Amount Due Provider (State)	\$ (7,000)	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI: 1467560599</b>	Reported		\$ 539.89
	Net Change		\$ (13.80)
	Audited Cost Per Day		\$ 526.09
	Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement</b> <b>Due Provider (State) - (Lines 1 through 7)</b>		\$ (42,327)	
<b>9. Total Medi-Cal Cost</b>			\$ 17,329,268

**SUMMARY OF FINDINGS**

**Provider Name:**  
**METHODIST HOSPITAL OF SACRAMENTO**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement</b> <b>Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due</b> <b>Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (42,327)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ <u>60,516</u>	\$ <u>182,424</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ <u>0</u>	\$ <u>N/A</u>
4.	\$	\$ <u>0</u>	<u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ <u>60,516</u>	\$ <u>182,424</u>
6. Interim Payments (Adj 14)		\$ <u>(96,855)</u>	\$ <u>(217,751)</u>
7. Balance Due Provider (State)		\$ <u>(36,339)</u>	\$ <u>(35,327)</u>
8. Duplicate Payments (Adj )		\$ <u>0</u>	\$ <u>0</u>
9.	\$	\$ <u>0</u>	<u>0</u>
10.	\$	<u>0</u>	<u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ <u><u>(36,339)</u></u>	\$ <u><u>(35,327)</u></u>

(To Summary of Findings)

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1467560599

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 63,889 \$ 185,632

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj ) \$ 1,075,850 \$ 1,075,8503. Inpatient Ancillary Service Charges (Adj 12) \$ 387,806 \$ 388,2244. Total Charges - Medi-Cal Inpatient Services \$ 1,463,656 \$ 1,464,0745. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 1,399,767 \$ 1,278,4426. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0  
(To Schedule 1)

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



COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1467560599

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj )	27,973	27,973
2. Inpatient Days (include private, exclude swing-bed)	27,973	27,973
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	26,391	26,391
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 10)	1	0

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 32,724,297	\$ 33,422,626
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)	\$ 32,724,297	\$ 33,422,626

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 97,774,071	\$ 97,774,071
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 97,774,071	\$ 97,774,071
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.334693	\$ 0.341835
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 3,704.83	\$ 3,704.83
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)	\$ 32,724,297	\$ 33,422,626

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,169.85	\$ 1,194.82
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,170	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 122,030
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,170	\$ 122,030

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 2,134,452	\$ 2,185,600
2. Total Inpatient Days (Adj )	2,415	2,415
3. Average Per Diem Cost	\$ 883.83	\$ 905.01
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 12,553,458	\$ 12,745,284
7. Total Inpatient Days (Adj )	4,922	4,922
8. Average Per Diem Cost	\$ 2,550.48	\$ 2,589.45
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL ICU</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 3,639,541	\$ 3,740,216
27. Total Inpatient Days (Adj )	1,558	1,558
28. Average Per Diem Cost	\$ 2,336.03	\$ 2,400.65
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
21. Per Diem Rate (Adj 10)	\$ 0.00	\$ 392.38
32. Medi-Cal Inpatient Days (Adj 10)	0	311
33. Cost Applicable to Medi-Cal	\$ 0	\$ 122,030
<b>ADMINISTRATIVE DAYS</b>		
21. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj )	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 122,030

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1467560599

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj )	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj )	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
25. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
26. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
50.00	Operating Room	\$ 16,936,075	\$ 85,591,599	0.197871	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	8,306,254	21,293,684	0.390081	0	0
53.00	Anesthesiology	130,227	10,956,481	0.011886	0	0
54.00	Radiology-Diagnostic	6,803,455	43,287,940	0.157167	17,344	2,726
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	1,383,155	10,061,080	0.137476	0	0
57.00	Computed Tomography (CT) Scan	1,039,502	63,720,089	0.016314	0	0
58.00	Magnetic Resonance Imaging (MRI)	503,920	9,133,434	0.055173	7,556	417
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	9,025,242	119,506,370	0.075521	158,365	11,960
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	943,257	1,194,459	0.789694	0	0
64.00	Intravenous Therapy	6,277	0	0.000000	0	0
65.00	Respiratory Therapy	4,249,578	40,261,930	0.105548	0	0
66.00	Physical Therapy	7,301,305	26,505,849	0.275460	83,692	23,054
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	479,932	7,852,025	0.061122	0	0
70.00	Electroencephalography	140,320	744,446	0.188490	0	0
71.00	Medical Supplies Charged to Patients	8,371,455	10,083,939	0.830177	0	0
72.00	Implantable Devices Charged to Patients	7,417,573	33,638,465	0.220509	0	0
73.00	Drugs Charged to Patients	12,115,318	57,738,901	0.209829	121,267	25,445
74.00	Renal Dialysis	855,039	1,131,138	0.755910	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Non Inv Card Lab	366,562	4,607,864	0.079551	0	0
77.00		0	0	0.000000	0	0
78.00		0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	1,673,487	2,316,695	0.722360	0	0
91.00	Emergency	18,498,817	136,644,826	0.135379	0	0
92.00	Observation Beds	0	5,696,133	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 106,546,751	\$ 691,967,347		\$ 388,224	\$ 63,602

(To Schedule 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1467560599

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 11)	AUDITED
50.00	Operating Room	\$	\$	\$ 0
51.00	Recovery Room			0
52.00	Delivery Room and Labor Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	16,955	389	17,344
55.00	Radiology-Therapeutic			0
56.00	Radioisotope			0
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)	7,747	(191)	7,556
59.00	Cardiac Catheterization			0
60.00	Laboratory	159,490	(1,125)	158,365
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy	82,782	910	83,692
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients			0
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	120,832	435	121,267
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Non Inv Card Lab			0
77.00				0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency			0
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 387,806	\$ 418	\$ 388,224

(To Schedule 5)



## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>15,373,152</u>	\$ <u>17,329,268</u>
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.		\$ <u>0</u>	\$ <u>0</u>
5.	Subtotal (Sum of Lines 1 through 4)	\$ <u>15,373,152</u>	\$ <u>17,329,268</u>
6.	\$	\$ <u>0</u>	\$ <u>0</u>
7.	\$	\$ <u>0</u>	\$ <u>0</u>
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>15,373,152</u>	\$ <u>17,329,268</u>
		(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adj 20)	\$ <u>0</u>	\$ <u>(7,000)</u>
10.	Medi-Cal Credit Balances (Adj )	\$ <u>0</u>	\$ <u>0</u>
11.	\$	\$ <u>0</u>	\$ <u>0</u>
12.	\$	\$ <u>0</u>	\$ <u>0</u>
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>(7,000)</u>
		(To Summary of Findings)	

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

**Provider Name:**  
**METHODIST HOSPITAL OF SACRAMENTO**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1467560599**

REPORTED	AUDITED
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**REASONABLE COST OF MEDI-CAL INPATIENT SERVICES**

1. Cost of Covered Services (Contract Sch 3)	\$ <u>16,005,181</u>	\$ <u>17,975,854</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adj 17)	\$ _____	\$ <u>30,246,363</u>
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3. Inpatient Ancillary Service Charges (Adj 17)	\$ <u>50,966,095</u>	\$ <u>53,422,551</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>50,966,095</u>	\$ <u>83,668,914</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>34,960,914</u>	\$ <u>65,693,060</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
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(To Contract Sch 1)

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



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

**Provider Name:**  
**METHODIST HOSPITAL OF SACRAMENTO**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1467560599**

**GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS**

	REPORTED	AUDITED
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**INPATIENT DAYS**

1. Total Inpatient Days (include private & swing-bed) (Adj )	27,973	27,973
2. Inpatient Days (include private, exclude swing-bed)	27,973	27,973
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	26,391	26,391
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 15)	6,831	4,817

**SWING-BED ADJUSTMENT**

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 32,724,297	\$ 33,422,626
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)	\$ 32,724,297	\$ 33,422,626

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj )	\$ 97,774,071	\$ 97,774,071
29. Private Room Charges (excluding swing-bed charges) (Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj )	\$ 97,774,071	\$ 97,774,071
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.334693	\$ 0.341835
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 3,704.83	\$ 3,704.83
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)	\$ 32,724,297	\$ 33,422,626

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,169.85	\$ 1,194.82
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 7,991,245	\$ 5,755,448
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 0	\$ 3,806,950
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 7,991,245	\$ 9,562,398

(To Contract Sch 3)

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

**Provider Name:**  
**METHODIST HOSPITAL OF SACRAMENTO**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1467560599**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 2,134,452	\$ 2,185,600
2. Total Inpatient Days (Adj )	2,415	2,415
3. Average Per Diem Cost	\$ 883.83	\$ 905.01
4. Medi-Cal Inpatient Days (Adj 15)		1,232
5. Cost Applicable to Medi-Cal	\$ 0	\$ 1,114,972
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 12,553,458	\$ 12,745,284
7. Total Inpatient Days (Adj )	4,922	4,922
3. Average Per Diem Cost	\$ 2,550.48	\$ 2,589.45
4. Medi-Cal Inpatient Days (Adj 15)		920
5. Cost Applicable to Medi-Cal	\$ 0	\$ 2,382,294
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj )		0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. 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
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )		0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL ICU</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 3,639,541	\$ 3,740,216
27. Total Inpatient Days (Adj )	1,558	1,558
23. Average Per Diem Cost	\$ 2,336.03	\$ 2,400.65
24. Medi-Cal Inpatient Days (Adj 15)	0	129
25. Cost Applicable to Medi-Cal	\$ 0	\$ 309,684
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 3,806,950

(To Contract Sch 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj )	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj )	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
25. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
26. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
50.00	Operating Room	\$ 16,936,075	\$ 85,591,599	0.197871	\$ 6,481,908	\$ 1,282,580
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	8,306,254	21,293,684	0.390081	2,953,353	1,152,046
53.00	Anesthesiology	130,227	10,956,481	0.011886	0	0
54.00	Radiology-Diagnostic	6,803,455	43,287,940	0.157167	3,229,226	507,529
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	1,383,155	10,061,080	0.137476	1,100,022	151,226
57.00	Computed Tomography (CT) Scan	1,039,502	63,720,089	0.016314	3,905,233	63,708
58.00	Magnetic Resonance Imaging (MRI)	503,920	9,133,434	0.055173	762,540	42,072
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	9,025,242	119,506,370	0.075521	11,401,933	861,086
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	943,257	1,194,459	0.789694	250,821	198,072
64.00	Intravenous Therapy	6,277	0	0.000000	0	0
65.00	Respiratory Therapy	4,249,578	40,261,930	0.105548	6,749,420	712,390
66.00	Physical Therapy	7,301,305	26,505,849	0.275460	1,293,631	356,344
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	479,932	7,852,025	0.061122	687,461	42,019
70.00	Electroencephalography	140,320	744,446	0.188490	0	0
71.00	Medical Supplies Charged to Patients	8,371,455	10,083,939	0.830177	464,537	385,648
72.00	Implantable Devices Charged to Patients	7,417,573	33,638,465	0.220509	1,246,295	274,819
73.00	Drugs Charged to Patients	12,115,318	57,738,901	0.209829	7,585,963	1,591,758
74.00	Renal Dialysis	855,039	1,131,138	0.755910	196,064	148,207
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Non Inv Card Lab	366,562	4,607,864	0.079551	866,869	68,961
77.00		0	0	0.000000	0	0
78.00		0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	1,673,487	2,316,695	0.722360	0	0
91.00	Emergency	18,498,817	136,644,826	0.135379	4,247,275	574,991
92.00	Observation Beds	0	5,696,133	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 106,546,751	\$ 691,967,347		\$ 53,422,551	\$ 8,413,456

(To Contract Sch 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 16)	AUDITED
50.00	Operating Room	\$ 6,306,472	\$ 175,436	\$ 6,481,908
51.00	Recovery Room			0
52.00	Delivery Room and Labor Room	2,953,353		2,953,353
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	3,091,135	138,091	3,229,226
55.00	Radiology-Therapeutic			0
56.00	Radioisotope	1,063,347	36,675	1,100,022
57.00	Computed Tomography (CT) Scan	3,712,345	192,888	3,905,233
58.00	Magnetic Resonance Imaging (MRI)	706,233	56,307	762,540
59.00	Cardiac Catheterization			0
60.00	Laboratory	10,842,633	559,300	11,401,933
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.	233,959	16,862	250,821
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	6,251,588	497,832	6,749,420
66.00	Physical Therapy	1,258,185	35,446	1,293,631
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology	656,132	31,329	687,461
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	450,607	13,930	464,537
72.00	Implantable Devices Charged to Patients	1,193,870	52,425	1,246,295
73.00	Drugs Charged to Patients	7,997,776	(411,813)	7,585,963
74.00	Renal Dialysis	194,440	1,624	196,064
75.00	ASC (Non-Distinct Part)			0
76.00	Non Inv Card Lab	7,090	859,779	866,869
77.00				0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency	4,046,930	200,345	4,247,275
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 50,966,095	\$ 2,456,456	\$ 53,422,551



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

**Provider Name:**  
**METHODIST HOSPITAL OF SACRAMENTO**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1467560599**

	<b>REPORTED</b>	<b>AUDITED</b>	<b>DIFFERENCE</b>
<b>COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM</b>			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 0	\$ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 28,809,957	\$ 28,371,789	\$ (438,168)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 28,809,957	\$ 28,371,789	\$ (438,168)
4. Total Distinct Part Patient Days (Adj 9)	53,363	53,930	567
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 539.89	\$ 526.09	\$ (13.80)
<b>DPNF OVERPAYMENTS AND OVERBILLINGS</b>			
6. Medi-Cal Overpayments (Adj )	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj )	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
<b>GENERAL INFORMATION</b>			
9. Total Licensed Distinct Part Beds (C/R, W/S S-3)	171	171	0
10. Total Licensed Capacity (All levels) (Adj )	333	333	0
11. Total Medi-Cal DP Patient Days (Adj 19)	43,131	42,994	(137)
<b>CAPITAL RELATED COST</b>			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 1,226,457	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 1,226,457	N/A
<b>TOTAL SALARY &amp; BENEFITS</b>			
15. Direct Salary & Benefits Expenses	N/A	\$ 10,262,233	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 10,506,739	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 20,768,972	N/A

## SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 11,978,145	\$ 11,391,831	\$ (586,314)
1.00	Capital Related Costs-Buildings and Fixtures		0	0
1.01	Capital Related Costs-Bruceville Terrace	662,408	615,069	(47,339)
2.00	Capital Related Costs-Movable Equipment		0	0
3.00	Other Capital Related Costs		0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	3,383,869	3,321,170	(62,699)
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	2,913,641	2,925,265	11,624
6.00	Maintenance and Repairs	3,482,613	3,649,615	167,002
7.00	Operation of Plant		0	0
8.00	Laundry and Linen Service	738,546	743,197	4,651
9.00	Housekeeping	1,831,273	1,840,282	9,009
10.00	Dietary	2,177,252	2,228,002	50,750
11.00	Cafeteria	362,747	371,188	8,441
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	1,064,721	1,068,870	4,149
14.00	Central Services and Supply		0	0
15.00	Pharmacy		0	0
16.00	Medical Records & Library	163,503	165,806	2,303
17.00	Social Service	51,239	51,493	254
18.00	Other General Service		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		0	0
23.01			0	0
23.02			0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 28,809,957	\$ 28,371,789	\$ (438,168)

(To DPNF Sch 1)

\* From Schedule 8, line 44 plus line 45.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1467560599

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
					(From DPNF Sch 4)	
50.00	Operating Room	\$ 16,435,481	\$ 85,591,599	0.192022	\$ 0	\$ 0
52.00	Labor Room and Delivery Room	8,103,676	21,293,684	0.380567	0	0
53.00	Anesthesiology	121,773	10,956,481	0.011114	0	0
54.00	Radiology-Diagnostic	6,661,217	43,287,940	0.153882	0	0
55.00	Radiology-Therapeutic	0		0.000000	0	0
56.00	Radioisotope	1,327,554	10,061,080	0.131949	0	0
57.00	Computed Tomography (CT) Scan	1,033,698	63,720,089	0.016222	0	0
58.00	Magnetic Resonance Imaging (MRI)	500,996	9,133,434	0.054853	0	0
59.00	Cardiac Catheterization	0		0.000000	0	0
60.00	Laboratory	8,920,109	119,506,370	0.074641	0	0
61.00	PBP Clinical Laboratory Services-Prc	0		0.000000	0	0
62.00	Whole Blood & Packed Red Blood C	0		0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	929,513	1,194,459	0.778187	0	0
64.00	Intravenous Therapy	6,229		0.000000	0	0
65	Respiratory Therapy	4,219,894	40,261,930	0.104811	0	0
66	Physical Therapy	7,245,887	26,505,849	0.273369	0	0
67	Occupational Therapy	0		0.000000	0	0
68	Speech Pathology	0		0.000000	0	0
69	Electrocardiology	450,068	7,852,025	0.057319	0	0
70	Electroencephalography	139,799	744,446	0.187789	0	0
71	Medical Supplies Charged to Patients	7,499,231	10,083,939	0.743681	0	0
72	Implantable Devices Charged to Patie	7,148,804	33,638,465	0.212519	0	0
73	Drugs Charged to Patients	12,018,253	57,738,901	0.208148	0	0
74	Renal Dialysis	848,543	1,131,138	0.750168	0	0
75	ASC (Non-Distinct Part)	0		0.000000	0	0
76	Non Inv Card Lab	364,975	4,607,864	0.079207	0	0
77		0		0.000000	0	0
78		0		0.000000	0	0
79		0		0.000000	0	0
80		0		0.000000	0	0
81		0		0.000000	0	0
82		0		0.000000	0	0
83		0		0.000000	0	0
84		0		0.000000	0	0
85		0		0.000000	0	0
86		0		0.000000	0	0
87		0		0.000000	0	0
88	Rural Health Clinic (RHC)			0.000000	0	0
89	Federally Qualified Health Center (FC	0		0.000000	0	0
90	Clinic	1,587,133	2,316,695	0.685085	0	0
91	Emergency	18,095,670	136,644,826	0.132429	0	0
92	Observation Beds		5,696,133	0.000000	0	0
101.00	TOTAL	\$ 103,658,503	\$ 691,967,347		\$ 0	\$ 0

(To DPNF Sch 1)

\* From Schedule 8, Column 27.

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

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



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

**Provider Name:**  
**METHODIST HOSPITAL OF SACRAMENTO**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1467560599**

<b>COL.</b>	<b>COST CENTER</b>	<b>AUDITED CAP RELATED * (COL 1)</b>	<b>AUDITED SAL &amp; EMP BENEFITS * (COL 2)</b>
1.00	Capital Related Costs-Buildings and Fixtures	\$ 0	\$ N/A
1.01	Capital Related Costs-Bruceville Terrace	615,069	N/A
2.00	Capital Related Costs-Movable Equipment	0	N/A
3.00	Other Capital Related Costs	0	N/A
3.02		0	N/A
3.03		0	N/A
3.04		0	N/A
3.05		0	N/A
3.06		0	N/A
3.07		0	N/A
3.08		0	N/A
3.09		0	N/A
4.00	Employee Benefits	4,801	3,316,369
5.01		0	0
5.02		0	0
5.03		0	0
5.04		0	0
5.05		0	0
5.06		0	0
5.07		0	0
5.08		0	0
5.00	Administrative and General	39,450	1,576,980
6.00	Maintenance and Repairs	411,640	1,144,836
7.00	Operation of Plant	0	0
8.00	Laundry and Linen Service	1,669	243,094
9.00	Housekeeping	8,128	1,422,681
10.00	Dietary	118,619	1,535,819
11.00	Cafeteria	19,716	255,322
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	3,195	874,300
14.00	Central Services and Supply	0	0
15.00	Pharmacy	0	0
16.00	Medical Records & Library	4,021	105,181
17.00	Social Service	149	32,156
18.00	Other General Service	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	0	0
23.01		0	0
23.02		0	0
101	<b>TOTAL ALLOCATED INDIRECT EXPENSES</b>	<b>\$ 1,226,457</b>	<b>\$ 10,506,739</b>

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

(To DPNF SCH 1)











Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition	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	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	11,876	0	0	0	0	0	0	0	0	222,387	42,441
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	269,462	51,425
194.00 Non Reimbursable	0	0	0	0	0	0	0	0	0	0	569,301	108,647
194.01 Public Relations	0	19,882	0	0	0	0	0	0	0	0	450,069	85,893
194.02 Community Benefits	0	0	0	0	0	0	0	0	0	0	168,681	32,192
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>30,863,855</u>	<u>0</u>	<u>192,299,774</u>	<u>30,817,811</u>							





Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 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
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	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	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	37,990	2,516	0	19,156	0	1,875	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	10,117	670	0	5,102	781,942	0	0	0	0	0	0	0
194.00 Non Reimbursable	0	0	0	0	0	0	0	0	0	0	0	0
194.01 Public Relations	0	0	0	0	0	1,985	0	0	0	0	0	0
194.02 Community Benefits	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>10,891,228</u>	<u>446,506</u>	<u>1,047,136</u>	<u>5,484,574</u>	<u>6,346,975</u>	<u>1,855,084</u>	<u>0</u>	<u>3,546,033</u>	<u>2,363,889</u>	<u>6,215,041</u>	<u>2,962,546</u>	<u>920,047</u>





Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC (SPECIFIC) 18.00	ANESTHETIST 19.00	SCHOOL 20.00	SAL & BENEFITS 21.00	PROGRAM COSTS 22.00	EDUCATION PROGRAM 23.00	COST 23.01	COST 23.02	24.00	STEP-DOWN ADJUSTMENT 25.00	COST 26.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	326,366	0	326,366
191.00 Research	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	1,118,717	0	1,118,717
194.00 Non Reimbursable	0	0	0	0	0	0	0	0	677,948	0	677,948
194.01 Public Relations	0	0	0	0	0	0	0	0	537,947	0	537,947
194.02 Community Benefits	0	0	0	0	0	0	0	0	200,873	0	200,873
193.03	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	1,165,456	1,311,441	0	0	0	192,299,774	(2,425,658)	189,874,116











STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

	EMP BENE (GROSS SALARIES)	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS							
	4.00 (Adj) (Adj)	5.01 (Adj) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	5.04 (Adj) (Adj)	5.05 (Adj) (Adj)	5.06 (Adj) (Adj)	5.07 (Adj) (Adj)	5.08 (Adj) (Adj)			5.00	6.00 (Adj) (Adj)
105.00 Kidney Acquisition												0	
106.00 Heart Acquisition												0	
107.00 Liver Acquisition												0	
108.00 Lung Acquisition												0	
109.00 Pancreas Acquisition												0	
110.00 Intestinal Acquisition												0	
111.00 Islet Acquisition												0	
112.00 Other Organ Acquisition												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												0	
190.00 Gift, Flower, Coffee Shop, & Canteen	36,697											222,387	751
191.00 Research												0	
192.00 Physicians' Private Offices												269,462	200
194.00 Non Reimbursable												569,301	
194.01 Public Relations	61,434											450,069	
194.02 Community Benefits												168,681	
193.03												0	
193.04												0	
TOTAL	95,367,622	0	0	0	0	0	0	0	0	0		161,481,963	215,299
COST TO BE ALLOCATED	30,863,855	0	0	0	0	0	0	0	0	0		30,817,811	10,891,228
UNIT COST MULTIPLIER - SCH 8	0.323630	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.190844	50.586525





STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:

Fiscal Period Ended:

METHODIST HOSPITAL OF SACRAMENTO

JUNE 30, 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 REVENUE) 16.00 (Adj) (Adj)	SOC SERV (GROSS REVENUE) 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												
113.00	Interest Expense												
114.00	Utilization Review-SNF												
115.00	Ambulatory Surgical Center (Distinct Part)												
116.00	Hospice												
117.00	Other Special Purpose												
190.00	Gift, Flower, Coffee Shop, & Canteen	751	751		68								
191.00	Research												
192.00	Physicians' Private Offices	200	200	77,289									
194.00	Non Reimbursable												
194.01	Public Relations				72								
194.02	Community Benefits												
193.03													
193.04													
	TOTAL	133,277	614,099	215,016	627,350	67,289	0	788,904	10,650,400	5,062,106	896,682,179	896,682,179	0
	COST TO BE ALLOCATED	446,506	1,047,136	5,484,574	6,346,975	1,855,084	0	3,546,033	2,363,889	6,215,041	2,962,547	920,047	0
	UNIT COST MULTIPLIER - SCH 8	3.350208	1.705159	25.507749	10.117119	27.568900	0.000000	4.494886	0.221953	1.227758	0.003304	0.001026	0.000000

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Buildings and Fixtures						
1.01	Capital Related Costs-Bruceville Terrace						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01							
5.02							
5.03							
5.04							
5.05							
5.06							
5.07							
5.08							
5.00	Administrative and General						
6.00	Maintenance and Repairs						
7.00	Operation of Plant						
8.00	Laundry and Linen Service						
9.00	Housekeeping						
10.00	Dietary						
11.00	Cafeteria						
12.00	Maintenance of Personnel						
13.00	Nursing Administration						
14.00	Central Services and Supply						
15.00	Pharmacy						
16.00	Medical Records & Library						
17.00	Social Service						
18.00	Other General Service						
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						
23.01							
23.02							
<b>INPATIENT ROUTINE COST CENTERS</b>							
30.00	Adults & Pediatrics		6,720	6,720			
31.00	Intensive Care Unit						
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Neonatal ICU						
40.00	Subprovider - IPF						
41.00	Subprovider - IRF						
42.00	Subprovider						
43.00	Nursery						
44.00	Skilled Nursing Facility						
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>ANCILLARY COST CENTERS</b>							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Delivery Room and Labor Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
61.00	PBP Clinical Laboratory Services-Program Only						
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, & Trans.						
64.00	Intravenous Therapy						
65.00	Respiratory Therapy						
66.00	Physical Therapy						
67.00	Occupational Therapy						
68.00	Speech Pathology						
69.00	Electrocardiology						
70.00	Electroencephalography						
71.00	Medical Supplies Charged to Patients						
72.00	Implantable Devices Charged to Patients						
73.00	Drugs Charged to Patients						
74.00	Renal Dialysis						
75.00	ASC (Non-Distinct Part)						
76.00	Non Inv Card Lab						
77.00							
78.00							
79.00							
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic		2,080	2,080			
91.00	Emergency		1,120	1,120			
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
<b>NONREIMBURSABLE COST CENTERS</b>							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable						
99.00	Outpatient Rehabilitation Provider						
100.00	Intern-Resident Service (not appvd. tchng. prgm.)						
101.00	Home Health Agency						

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:

Fiscal Period Ended:

METHODIST HOSPITAL OF SACRAMENTO

JUNE 30, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
105.00	Kidney Acquisition						
106.00	Heart Acquisition						
107.00	Liver Acquisition						
108.00	Lung Acquisition						
109.00	Pancreas Acquisition						
110.00	Intestinal Acquisition						
111.00	Islet Acquisition						
112.00	Other Organ Acquisition						
113.00	Interest Expense						
114.00	Utilization Review-SNF						
115.00	Ambulatory Surgical Center (Distinct Part)						
116.00	Hospice						
117.00	Other Special Purpose						
190.00	Gift, Flower, Coffee Shop, & Canteen						
191.00	Research						
192.00	Physicians' Private Offices						
194.00	Non Reimbursable						
194.01	Public Relations						
194.02	Community Benefits						
193.03							
193.04							
TOTAL	0	0	9,920	9,920	0	0	0
COST TO BE ALLOCATED	0	0	1,165,456	1,311,441	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	117.485524	132.201760	0.000000	0.000000	0.000000

## TRIAL BALANCE OF EXPENSES

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 3,923,546	\$ 436,280	\$ 4,359,826
1.01	Capital Related Costs-Bruceville Terrace	740,662	(52,931)	687,731
2.00	Capital Related Costs-Movable Equipment	850,566	1,518,289	2,368,855
3.00	Other Capital Related Costs		0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	31,414,879	(595,637)	30,819,242
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	24,610,638	1,733,951	26,344,589
6.00	Maintenance and Repairs	7,323,729	12,594	7,336,323
7.00	Operation of Plant	374,949	0	374,949
8.00	Laundry and Linen Service	817,676	0	817,676
9.00	Housekeeping	3,661,253	1,727	3,662,980
10.00	Dietary	3,618,520	4,728	3,623,248
11.00	Cafeteria	3,805	0	3,805
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	2,315,407	281	2,315,688
14.00	Central Services and Supply	970,861	324,460	1,295,321
15.00	Pharmacy	3,988,653	1,530	3,990,183
16.00	Medical Records & Library	1,905,338	4,594	1,909,932
17.00	Social Service	644,773	0	644,773
18.00	Other General Service		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	715,325	0	715,325
22.00	Intern & Res. Other Program Costs (Approved)	793,594	7,510	801,104
23.00	Paramedical Ed. Program		0	0
23.01			0	0
23.02			0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
30.00	Adults & Pediatrics	16,515,598	10,335	16,525,933
31.00	Intensive Care Unit	7,064,427	4,176	7,068,603
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Neonatal ICU	1,935,915	23,801	1,959,716
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider		0	0
43.00	Nursery	1,195,249	0	1,195,249
44.00	Skilled Nursing Facility	11,978,145	(586,314)	11,391,831
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 9,616,309	\$ 132,750	\$ 9,749,059
51.00	Recovery Room		0	0
52.00	Delivery Room and Labor Room	4,515,449	5,673	4,521,122
53.00	Anesthesiology	10,749	0	10,749
54.00	Radiology-Diagnostic	3,703,676	10,820	3,714,496
55.00	Radiology-Therapeutic		0	0
56.00	Radioisotope	634,926	0	634,926
57.00	Computed Tomography (CT) Scan	475,868	0	475,868
58.00	Magnetic Resonance Imaging (MRI)	336,838	0	336,838
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	5,580,405	5,115	5,585,520
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, & Trans.	732,172	0	732,172
64.00	Intravenous Therapy	5,271	0	5,271
65.00	Respiratory Therapy	2,514,504	0	2,514,504
66.00	Physical Therapy	3,888,608	9,195	3,897,803
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology	136,605	0	136,605
70.00	Electroencephalography	86,428	0	86,428
71.00	Medical Supplies Charged to Patients	5,478,672	493,314	5,971,986
72.00	Implantable Devices Charged to Patients	5,147,181	0	5,147,181
73.00	Drugs Charged to Patients	5,222,228	(20)	5,222,208
74.00	Renal Dialysis	713,898	0	713,898
75.00	ASC (Non-Distinct Part)		0	0
76.00	Non Inv Card Lab	227,552	0	227,552
77.00			0	0
78.00			0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic	961,023	2,784	963,807
91.00	Emergency	9,793,859	28,679	9,822,538
92.00	Observation Beds		0	0
93.00	Other Outpatient Services (Specify)		0	0
93.01			0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	<b>SUBTOTAL</b>	\$ 187,145,729	\$ 3,537,684	\$ 190,683,413
	<b>NONREIMBURSABLE COST CENTERS</b>			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable		0	0
99.00	Outpatient Rehabilitation Provider		0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)		0	0
101.00	Home Health Agency		0	0
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review-SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	185,414	0	185,414
191.00	Research		0	0
192.00	Physicians' Private Offices	262,778	0	262,778
194.00	Non Reimbursable	569,301	0	569,301
194.01	Public Relations	430,187	0	430,187
194.02	Community Benefits	168,681	0	168,681
193.03			0	0
193.04			0	0
	<b>SUBTOTAL</b>	<b>\$ 1,616,361</b>	<b>\$ 0</b>	<b>\$ 1,616,361</b>
200	<b>TOTAL</b>	<b>\$ 188,762,090</b>	<b>\$ 3,537,684</b>	<b>\$ 192,299,774</b>

(To Schedule 8)













Provider Name							Fiscal Period	Provider NPI	Adjustments	
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012	1467560599	20	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>										
1	10A	A		2.00	7	Capital Related Costs-Movable Equipment	\$850,566	(\$790,374)	\$60,192 *	
	10A	A		4.00	7	Employee Benefits	31,414,879	6,218	31,421,097 *	
	10A	A		5.00	7	Administrative and General	24,610,638	193,218	24,803,856 *	
	10A	A		6.00	7	Maintenance and Repairs	7,323,729	12,594	7,336,323	
	10A	A		9.00	7	Housekeeping	3,661,253	1,727	3,662,980	
	10A	A		10.00	7	Dietary	3,618,520	4,747	3,623,267 *	
	10A	A		13.00	7	Nursing Administration	2,315,407	281	2,315,688	
	10A	A		14.00	7	Central Services and Supply	970,861	324,625	1,295,486 *	
	10A	A		15.00	7	Pharmacy	3,988,653	1,530	3,990,183	
	10A	A		16.00	7	Medical Records & Medical Records Library	1,905,338	4,594	1,909,932	
	10A	A		22.00	7	Intern & Res. Other Program Costs	793,594	7,510	801,104	
	10A	A		30.00	7	Adults and Pediatrics	16,515,598	10,335	16,525,933	
	10A	A		31.00	7	Intensive Care Unit	7,064,427	4,176	7,068,603	
	10A	A		35.00	7	Neonatal ICU	1,935,915	23,801	1,959,716	
	10A	A		50.00	7	Operating Room	9,616,309	132,750	9,749,059	
	10A	A		52.00	7	Delivery Room and Labor Room	4,515,449	5,673	4,521,122	
	10A	A		54.00	7	Radiology-Diagnostic	3,703,676	10,822	3,714,498 *	
	10A	A		60.00	7	Laboratory	5,580,405	5,115	5,585,520	
	10A	A		66.00	7	Physical Therapy	3,888,608	9,195	3,897,803	
	10A	A		90.00	7	Clinic	961,023	2,784	963,807	
	10A	A		91.00	7	Emergency	9,793,859	28,679	9,822,538	
To reverse the provider's reclassification of departmental equipment rental expense in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A										

Provider Name							Fiscal Period			Provider NPI		Adjustments
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012			1467560599		20
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.						
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>												
2	10A	A			44.00	7	Skilled Nursing Facility			\$11,978,145	(\$493,314)	\$11,484,831 *
	10A	A			71.00	7	Medical Supplies Charged to Patients			5,478,672	493,314	5,971,986
							To reclassify medical supplies from the Skilled Nursing cost center to Medical Supplies Charged to Patients for proper cost reporting. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8, 2203.2, 2300, and 2304 CCR, Title 22, Sections 51123 and 51511.2					

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012		1467560599		20
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO REPORTED COSTS</b>											
3	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	\$3,923,546	(\$239,856)	\$3,683,690 *	
	10A	A			1.01	7	Capital Related Costs-Bruceville Terrace	740,662	(115,856)	624,806 *	
	10A	A			2.00	7	Capital Related Costs-Movable Equipment	* 60,192	(101,035)	(40,843) *	
	10A	A			4.00	7	Employee Benefits	* 31,421,097	(5,180,855)	26,240,242 *	
	10A	A			5.00	7	Administrative and General	* 24,803,856	(20,893,121)	3,910,735 *	
							To eliminate the reported Dignity Health home office costs in conjunction with adjustment 4. 42 CFR 413.17, 413.20, and 413.24 CMS Pub. 15-1, Sections 2150.2, 2300, and 2304				
4	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	* \$3,683,690	\$676,136	\$4,359,826	
	10A	A			1.01	7	Capital Related Costs-Bruceville Terrace	* 624,806	62,925	687,731	
	10A	A			2.00	7	Capital Related Costs-Movable Equipment	* (40,843)	2,409,698	2,368,855	
	10A	A			4.00	7	Employee Benefits	* 26,240,242	4,579,000	30,819,242	
	10A	A			5.00	7	Administrative and General	* 3,910,735	14,533,460	18,444,195 *	
							To include audited home office costs to agree with the Dignity Health Home Office Audit Report for fiscal period ended June 30, 2012 in conjunction with adjustment 3. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304				
	10A	A			5.00	7	Administrative and General	* \$18,444,195			
5							To reconcile the reported expenses to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		\$236,033		
6							To adjust reported Methodist employee health insurance premium paid to Western Health Advantage, a related party, to comply with regulation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 332.1, 1000 et seq., and 2304		(1,495,116) (\$1,259,083)	\$17,185,112 *	

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments	
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012			1467560599		20	
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report											
		Work Sheet	Part	Title	Line	Col.							
<b>ADJUSTMENTS TO REPORTED COSTS</b>													
7	10A	A			5.00	7	Administrative and General To reverse provider's duplicate adjustment of Medi-Cal provider fee. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$17,185,112	\$9,160,196	\$26,345,308	*	
8	10A	A			5.00	7	Administrative and General	*	\$26,345,308	(\$719)	\$26,344,589		
	10A	A			10.00	7	Dietary	*	3,623,267	(19)	3,623,248		
	10A	A			14.00	7	Central Services and Supply	*	1,295,486	(165)	1,295,321		
	10A	A			44.00	7	Skilled Nursing Facility	*	11,484,831	(93,000)	11,391,831		
	10A	A			54.00	7	Radiology-Diagnostic	*	3,714,498	(2)	3,714,496		
	10A	A			73.00	7	Drugs Charged to Patients To eliminate late fees not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2122.1		5,222,228	(20)	5,222,208		

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012			1467560599		20
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b><u>ADJUSTMENT TO REPORTED PATIENT DAYS</u></b>												
9	DPNF 1	S-3	I		19.00	8	Total Distinct Part Patient Days To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304		53,363	567	53,930	

Provider Name							Fiscal Period	Provider NPI	Adjustments	
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012	1467560599	20	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>										
10	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	1	(1)	0
	4A	Not Reported					Medi-Cal Administrative Days	0	311	311
	4A	Not Reported					Medi-Cal Administrative Day Rate	\$0.00	\$392.38	\$392.38
11	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	\$16,955	\$389	\$17,344
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	7,747	(191)	7,556
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	159,490	(1,125)	158,365
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	82,782	910	83,692
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	120,832	435	121,267
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	387,806	418	388,224
12	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	\$387,806	\$418	\$388,224
13	3	E-3	VII	XIX	5.00	1	Inpatient Primary Payer Payments	\$1,167	(\$166)	\$1,001
	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	2,206	1	2,207
14	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payment	\$96,855	\$120,896	\$217,751
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: August 13, 2013 Service Period: July 1, 2011 through June 30, 2012 Payment Period: July 1, 2011 through July 31, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542										

Provider Name							Fiscal Period		Provider NPI		Adjustments
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012		1467560599		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>											
15	Contract 4	D-1	I	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	6,831	(2,014)	4,817	
	Contract 4	D-1	II	V	42.00	4	Medi-Cal Days - Nursery	0	1,232	1,232	
	Contract 4	D-1	II	V	43.00	4	Medi-Cal Days - Intensive Care Unit	0	920	920	
	Contract 4	D-1	II	V	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	0	129	129	
16	Contract 6	D-3		V	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$6,306,472	\$175,436	\$6,481,908	
	Contract 6	D-3		V	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	3,091,135	138,091	3,229,226	
	Contract 6	D-3		V	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	1,063,347	36,675	1,100,022	
	Contract 6	D-3		V	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	3,712,345	192,888	3,905,233	
	Contract 6	D-3		V	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	706,233	56,307	762,540	
	Contract 6	D-3		V	60.00	2	Medi-Cal Ancillary Charges - Laboratory	10,842,633	559,300	11,401,933	
	Contract 6	D-3		V	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing, & Trans.	233,959	16,862	250,821	
	Contract 6	D-3		V	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	6,251,588	497,832	6,749,420	
	Contract 6	D-3		V	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	1,258,185	35,446	1,293,631	
	Contract 6	D-3		V	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	656,132	31,329	687,461	
	Contract 6	D-3		V	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	450,607	13,930	464,537	
	Contract 6	D-3		V	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	1,193,870	52,425	1,246,295	
	Contract 6	D-3		V	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	7,997,776	(411,813)	7,585,963	
	Contract 6	D-3		V	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	194,440	1,624	196,064	
	Contract 6	D-3		V	76.00	2	Medi-Cal Ancillary Charges - Non Inv Card Lab	7,090	859,779	866,869	
	Contract 6	D-3		V	91.00	2	Medi-Cal Ancillary Charges - Emergency	4,046,930	200,345	4,247,275	
	Contract 6	D-3		V	200.00	2	Medi-Cal Ancillary Charges - Total	50,966,095	2,456,456	53,422,551	
17	Contract 2	E-3	VII	V	8.00	1	Medi-Cal Routine Service Charges	\$0	\$30,246,363	\$30,246,363	
	Contract 2	E-3	VII	V	9.00	1	Medi-Cal Ancillary Service Charges	50,966,095	2,456,456	53,422,551	
18	Contract 3	E-3	VII	V	32.00	1	Medi-Cal Deductible	\$604,587	\$18,287	\$622,874	
	Contract 3	E-3	VII	V	33.00	1	Medi-Cal Coinsurance	27,442	(3,730)	23,712	

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012			1467560599		20
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
-Continued from previous page-							<b><u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</u></b>					
<p style="margin-left: 150px;">To adjust Medi-Cal Settlement Data to agree with the following                      Fiscal Intermediary Payment Data:                      Report Date: August 13, 2013                      Service Period: July 1, 2011 through June 30, 2012                      Payment Period: July 1, 2011 through July 31, 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</p>												

Provider Name							Fiscal Period			Provider NPI		Adjustments
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012			1467560599		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</b>												
19	DPNF 1	S-3	I	XIX	19.00	7	Medi-Cal Days - Skilled Nursing Facility To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: August 13, 2013 Service Period: July 1, 2011 through June 30, 2012 Payment Period: July 1, 2011 through July 31, 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	43,131	(137)	42,994		

Provider Name							Fiscal Period			Provider NPI		Adjustments
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2011 THROUGH JUNE 30, 2012			1467560599		20
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b><u>ADJUSTMENT TO OTHER MATTERS</u></b>												
20	Contract 1	Not Reported					Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$7,000	\$7,000		