

**REPORT
ON THE
COST REPORT REVIEW
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
ARCADIA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS:
1508851288 AND 1891783239
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: Henry Kwan
Auditor: Miriam Dau**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 13, 2014

Administrator
Methodist Hospital of Southern California
300 West Huntington Drive
Arcadia, CA 91007

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
NATIONAL PROVIDER IDENTIFIER (NPI) 1508851288
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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$18,687, 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 Contract 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 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's 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
Sacramento, CA 95814
(916) 322-5603

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

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

Original Signed By

Allen Dervi, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1508851288	Reported	\$ 0	
	Net Change	\$ (17,833)	
	Audited Amount Due Provider (State)	\$ (17,833)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1508851288	Reported		\$ 18,359,340
	Net Change		\$ (2,031,016)
	Audited Cost		\$ 16,328,324
	Audited Amount Due Provider (State)	\$ (854)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1891783239	Reported		\$ 0.00
	Net Change		\$ 753.00
	Audited Cost Per Day		\$ 753.00
	Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ (18,687)	
9. Total Medi-Cal Cost			\$ 16,328,324

SUMMARY OF FINDINGS

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (18,687)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 48,044
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ _____ 0	\$ _____ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ _____ 0	\$ _____ 0
4.	\$ _____ 0	\$ _____ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ _____ 0	\$ _____ 48,044
6. Interim Payments (Adj 11)	\$ _____ 0	\$ _____ (65,877)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ (17,833)
8. Duplicate Payments (Adj)	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (17,833)
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIAFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1508851288

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 48,776

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9) \$ 0 \$ 294,4003. Inpatient Ancillary Service Charges (Adj 9) \$ 0 \$ 146,3714. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 440,7715. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 391,9956. 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 NET COSTS OF COVERED SERVICESProvider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIAFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1508851288

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 17,297
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 31,479
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4.	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 0	\$ 48,776
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0	\$ 0
8. SUBTOTAL	\$ 0	\$ 48,776
		(To Schedule 2)
9. Medi-Cal Deductible (Adj)	\$ 0	\$ 0
10. Medi-Cal Coinsurance (Adj 10)	\$ 0	\$ (732)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 48,044
		(To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIAFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1508851288

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 4)	55,523	61,473
2. Inpatient Days (include private, exclude swing-bed)	55,523	61,473
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 4)	55,523	61,473
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 26)	\$ 78,339,929	\$ 78,770,667
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)	\$ 78,339,929	\$ 78,770,667

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 6)	\$ 243,574,275	\$ 260,034,305
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 6)	\$ 243,574,275	\$ 260,034,305
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.321626	\$ 0.302924
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)	\$ 4,386.91	\$ 4,230.06
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)	\$ 78,339,929	\$ 78,770,667

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,410.95	\$ 1,281.39
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 31,479
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 31,479

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 2,496,355	\$ 2,084,846
2. Total Inpatient Days (Adj)	4,053	4,053
3. Average Per Diem Cost	\$ 615.93	\$ 514.40
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 16,290,525	\$ 18,820,103
7. Total Inpatient Days (Adj)	7,611	7,611
8. Average Per Diem Cost	\$ 2,140.39	\$ 2,472.75
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 26)	\$ 2,729,887	\$ 3,188,549
12. Total Inpatient Days (Adj)	1,069	1,069
13. Average Per Diem Cost	\$ 2,553.68	\$ 2,982.74
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 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 UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS (JANUARY 1, 2012 THROUGH SEPTEMBER 30, 2012)		
31. Per Diem Rate (Adj 7)	\$ 0.00	\$ 416.95
32. Medi-Cal Inpatient Days (Adj 7)	0	73
33. Cost Applicable to Medi-Cal	\$ 0	\$ 30,437
ADMINISTRATIVE DAYS (JANUARY 1, 2012 THROUGH JULY 31, 2012)		
34. Per Diem Rate (Adj 7)	\$ 0.00	\$ 208.48
35. Medi-Cal Inpatient Days (Adj 7)	0	5
36. Cost Applicable to Medi-Cal	\$ 0	\$ 1,042
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 0	\$ 31,479

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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 26)	\$ 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 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. 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 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
26. Total Inpatient Days (Adj)	\$ 0	\$ 0
27. Average Per Diem Cost	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 SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

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	\$ 15,883,269	\$ 82,695,676	0.192069	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	7,101,491	17,032,268	0.416943	0	0
53.00	Anesthesiology	493,630	14,533,839	0.033964	0	0
54.00	Radiology-Diagnostic	5,163,865	29,194,390	0.176879	10,355	1,832
55.00	Radiology-Therapeutic	2,119,889	10,539,144	0.201144	0	0
56.00	Radioisotope	1,316,367	8,524,650	0.154419	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	3,511,952	75,353,998	0.046606	0	0
59.00	Cardiac Catheterization	3,653,507	20,437,245	0.178767	0	0
60.00	Laboratory	9,544,671	107,748,569	0.088583	22,867	2,026
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	5,787,424	50,413,304	0.114800	0	0
66.00	Physical Therapy	3,778,052	9,360,642	0.403610	2,120	856
67.00	Occupational Therapy	1,538,900	6,060,370	0.253928	0	0
68.00	Speech Pathology	471,118	1,598,113	0.294797	0	0
69.00	Electrocardiology	1,783,538	29,501,024	0.060457	0	0
70.00	Electroencephalography	286,018	2,139,171	0.133705	0	0
71.00	Medical Supplies Charged to Patients	14,672,648	36,208,378	0.405228	0	0
72.00	Implantable Devices Charged to Patients	17,118,741	51,621,968	0.331617	0	0
73.00	Drugs Charged to Patients	19,790,625	174,626,085	0.113331	111,029	12,583
74.00	Renal Dialysis	1,482,657	5,193,310	0.285494	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Ultrasound	1,025,492	7,582,311	0.135248	0	0
76.01	Cardiac Rehabilitation	816,753	641,272	1.273645	0	0
76.02	Vascular/Sleep Laboratory	697,138	5,321,387	0.131007	0	0
76.03	G.I. Laboratory	1,990,892	6,550,358	0.303936	0	0
76.04	Other Reimbursable Cost Center	546,723	708,108	0.772090	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	0	0	0.000000	0	0
91.00	Emergency	13,147,052	71,409,077	0.184109	0	0
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Wound Care Clinic	984,771	5,601,699	0.175799	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	\$ 134,707,184	\$ 830,596,356		\$ 146,371	\$ 17,297

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIAFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1508851288

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
50.00	Operating Room	\$ 0	\$ 0	\$ 0
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	0	0	0
53.00	Anesthesiology	0	0	0
54.00	Radiology-Diagnostic	0	10,355	10,355
55.00	Radiology-Therapeutic	0	0	0
56.00	Radioisotope	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0
59.00	Cardiac Catheterization	0	0	0
60.00	Laboratory	0	22,867	22,867
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	0	0	0
66.00	Physical Therapy	0	2,120	2,120
67.00	Occupational Therapy	0	0	0
68.00	Speech Pathology	0	0	0
69.00	Electrocardiology	0	0	0
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	0	0	0
72.00	Implantable Devices Charged to Patients	0	0	0
73.00	Drugs Charged to Patients	0	111,029	111,029
74.00	Renal Dialysis	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Ultrasound	0	0	0
76.01	Cardiac Rehabilitation	0	0	0
76.02	Vascular/Sleep Laboratory	0	0	0
76.03	G.I. Laboratory	0	0	0
76.04	Other Reimbursable Cost Center	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
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	0	0	0
92.00	Observation Beds	0	0	0
93.00	Wound Care Clinic	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 146,371	\$ 146,371

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>18,359,340</u>	\$ <u>16,328,324</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>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>18,359,340</u>	\$ <u>16,328,324</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><u>18,359,340</u></u>	\$ <u><u>16,328,324</u></u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj 17)	\$ <u>0</u>	\$ <u>(854)</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><u>0</u></u>	\$ <u><u>(854)</u></u>
	(To Summary of Findings)	

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

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>18,906,049</u>	\$ <u>16,831,548</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 14)	\$ <u>38,981,720</u>	\$ <u>30,610,906</u>
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3. Inpatient Ancillary Service Charges (Adj 14)	\$ <u>45,108,991</u>	\$ <u>45,341,793</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>84,090,711</u>	\$ <u>75,952,699</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>65,184,662</u>	\$ <u>59,121,151</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

**COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES**

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>6,368,578</u>	\$ <u>7,251,044</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>12,537,471</u>	\$ <u>9,580,504</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4. Medical and Other Services	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>18,906,049</u>	\$ <u>16,831,548</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>18,906,049</u>	\$ <u>16,831,548</u>
	(To Contract Sch 2)	
9. Medi-Cal Deductible (Adj 15)	\$ <u>(52,546)</u>	\$ <u>(44,308)</u>
10. Medi-Cal Coinsurance (Adj 15)	\$ <u>(494,163)</u>	\$ <u>(458,916)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>18,359,340</u></u>	\$ <u><u>16,328,324</u></u>
	(To Contract Sch 1)	

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

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

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

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 4)	55,523	61,473
2. Inpatient Days (include private, exclude swing-bed)	55,523	61,473
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 4)	55,523	61,473
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 12)	7,316	5,017

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 26)	\$ 78,339,929	\$ 78,770,667
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)	\$ 78,339,929	\$ 78,770,667

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 6)	\$ 243,574,275	\$ 260,034,305
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 6)	\$ 243,574,275	\$ 260,034,305
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.321626	\$ 0.302924
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)	\$ 4,386.91	\$ 4,230.06
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)	\$ 78,339,929	\$ 78,770,667

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,410.95	\$ 1,281.39
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 10,322,510	\$ 6,428,734
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 2,214,961	\$ 3,151,770
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 12,537,471	\$ 9,580,504

(To Contract Sch 3)

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

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 2,496,355	\$ 2,084,846
2. Total Inpatient Days (Adj)	4,053	4,053
3. Average Per Diem Cost	\$ 615.93	\$ 514.40
4. Medi-Cal Inpatient Days (Adj 12)	918	909
5. Cost Applicable to Medi-Cal	\$ 565,424	\$ 467,590
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 16,290,525	\$ 18,820,103
7. Total Inpatient Days (Adj)	7,611	7,611
8. Average Per Diem Cost	\$ 2,140.39	\$ 2,472.75
9. Medi-Cal Inpatient Days (Adj 12)	334	679
10. Cost Applicable to Medi-Cal	\$ 714,890	\$ 1,678,997
NEONATAL INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 26)	\$ 2,729,887	\$ 3,188,549
12. Total Inpatient Days (Adj)	1,069	1,069
13. Average Per Diem Cost	\$ 2,553.68	\$ 2,982.74
14. Medi-Cal Inpatient Days (Adj 12)	366	337
15. Cost Applicable to Medi-Cal	\$ 934,647	\$ 1,005,183
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (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 UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 2,214,961	\$ 3,151,770

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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 26)	\$ 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 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. 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 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
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

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	\$ 15,883,269	\$ 82,695,676	0.192069	\$ 2,730,231	\$ 524,393
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	7,101,491	17,032,268	0.416943	3,327,763	1,387,489
53.00	Anesthesiology	493,630	14,533,839	0.033964	699,256	23,750
54.00	Radiology-Diagnostic	5,163,865	29,194,390	0.176879	1,096,767	193,995
55.00	Radiology-Therapeutic	2,119,889	10,539,144	0.201144	155,215	31,221
56.00	Radioisotope	1,316,367	8,524,650	0.154419	418,732	64,660
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	3,511,952	75,353,998	0.046606	3,061,612	142,690
59.00	Cardiac Catheterization	3,653,507	20,437,245	0.178767	1,950,994	348,774
60.00	Laboratory	9,544,671	107,748,569	0.088583	7,123,442	631,014
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	5,787,424	50,413,304	0.114800	3,707,799	425,654
66.00	Physical Therapy	3,778,052	9,360,642	0.403610	179,885	72,603
67.00	Occupational Therapy	1,538,900	6,060,370	0.253928	51,165	12,992
68.00	Speech Pathology	471,118	1,598,113	0.294797	74,447	21,947
69.00	Electrocardiology	1,783,538	29,501,024	0.060457	507,906	30,706
70.00	Electroencephalography	286,018	2,139,171	0.133705	198,695	26,567
71.00	Medical Supplies Charged to Patients	14,672,648	36,208,378	0.405228	2,100,906	851,346
72.00	Implantable Devices Charged to Patients	17,118,741	51,621,968	0.331617	776,164	257,389
73.00	Drugs Charged to Patients	19,790,625	174,626,085	0.113331	14,271,342	1,617,392
74.00	Renal Dialysis	1,482,657	5,193,310	0.285494	378,313	108,006
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Ultrasound	1,025,492	7,582,311	0.135248	412,328	55,767
76.01	Cardiac Rehabilitation	816,753	641,272	1.273645	0	0
76.02	Vascular/Sleep Laboratory	697,138	5,321,387	0.131007	0	0
76.03	G.I. Laboratory	1,990,892	6,550,358	0.303936	272,002	82,671
76.04	Other Reimbursable Cost Center	546,723	708,108	0.772090	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	0	0	0.000000	0	0
91.00	Emergency	13,147,052	71,409,077	0.184109	1,846,829	340,018
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Wound Care Clinic	984,771	5,601,699	0.175799	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	\$ 134,707,184	\$ 830,596,356		\$ 45,341,793	\$ 7,251,044

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1508851288

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 13)	AUDITED
50.00	Operating Room	\$ 2,201,699	\$ 528,532	\$ 2,730,231
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	284,091	3,043,672	3,327,763
53.00	Anesthesiology	447,550	251,706	699,256
54.00	Radiology-Diagnostic	1,314,830	(218,063)	1,096,767
55.00	Radiology-Therapeutic	130,648	24,567	155,215
56.00	Radioisotope	400,353	18,379	418,732
57.00	Computed Tomography (CT) Scan	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	3,172,960	(111,348)	3,061,612
59.00	Cardiac Catheterization	930,148	1,020,846	1,950,994
60.00	Laboratory	6,881,064	242,378	7,123,442
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	4,296,366	(588,567)	3,707,799
66.00	Physical Therapy	240,443	(60,558)	179,885
67.00	Occupational Therapy	62,312	(11,147)	51,165
68.00	Speech Pathology	92,175	(17,728)	74,447
69.00	Electrocardiology	1,682,534	(1,174,628)	507,906
70.00	Electroencephalography	149,919	48,776	198,695
71.00	Medical Supplies Charged to Patients	2,108,487	(7,581)	2,100,906
72.00	Implantable Devices Charged to Patients	1,870,540	(1,094,376)	776,164
73.00	Drugs Charged to Patients	15,428,817	(1,157,475)	14,271,342
74.00	Renal Dialysis	406,400	(28,087)	378,313
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Ultrasound	436,402	(24,074)	412,328
76.01	Cardiac Rehabilitation	0	0	0
76.02	Vascular/Sleep Laboratory	247,628	(247,628)	0
76.03	G.I. Laboratory	436,304	(164,302)	272,002
76.04	Other Reimbursable Cost Center	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
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	1,882,926	(36,097)	1,846,829
92.00	Observation Beds	0	0	0
93.00	Wound Care Clinic	4,395	(4,395)	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 45,108,991	\$ 232,802	\$ 45,341,793

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

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1891783239

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 501,799	\$ 501,799
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 5,443,497	\$ 5,946,156	\$ 502,659
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 5,443,497	\$ 6,447,955	\$ 1,004,458
4. Total Distinct Part Patient Days (Adj 5)	0	8,563	8,563
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 0.00	\$ 753.00	\$ 753.00
DPNF OVERPAYMENTS AND OVERBILLINGS			
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)		
GENERAL INFORMATION			
9. Total Licensed Distinct Part Beds (C/R, W/S S-3)	26	26	0
10. Total Licensed Capacity (All levels) ** (Adj 18)	589	596	7
** - Effective May 1, 2012.			
11. Total Medi-Cal DP Patient Days (Adj)	0	0	0
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 1,323,221	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 1,323,221	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 2,145,332	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,596,885	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 3,742,217	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1891783239

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 2,289,860	\$ 2,289,860	\$ 0
1.00	Capital Related Costs-Buildings and Fixtures	496,552	574,176	77,624
2.00	Capital Related Costs-Movable Equipment	166,069	192,030	25,961
3.00	Other Capital Related Costs	0	0	0
3.01		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
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	627,104	626,242	(862)
5.01		0	0	0
5.02		0	0	0
5.03	Purchasing Receiving and Stores	4,150	2,446	(1,704)
5.04	Admitting	54,034	41,413	(12,621)
5.05	Cashiering/Accounts Receivable	52,446	54,676	2,230
5.07		0	0	0
5.08		0	0	0
5.09		0	0	0
5.06	Other Administrative and General	468,960	672,226	203,266
6.00	Maintenance and Repairs	120,756	115,724	(5,032)
7.00	Operation of Plant	138,289	254,934	116,645
8.00	Laundry and Linen Service	105,277	113,809	8,532
9.00	Housekeeping	85,789	153,860	68,071
10.00	Dietary	313,398	328,679	15,281
11.00	Cafeteria	106,055	91,532	(14,523)
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	264,617	266,813	2,196
14.00	Central Services and Supply	15,962	16,617	655
15.00	Pharmacy	0	0	0
16.00	Medical Records & Library	91,500	96,984	5,484
17.00	Social Service	32,911	34,249	1,338
18.00	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)	0	0	0
23.00	Paramedical Ed. Program (specify)	9,768	19,886	10,118
23.01		0	0	0
23.02		0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 5,443,497	\$ 5,946,156	\$ 502,659

(To DPNF Sch 1)

* From Schedule 8, line 44 plus line 45.

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

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1891783239

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 574,176	\$ N/A
2.00	Capital Related Costs-Movable Equipment	192,030	N/A
3.00	Other Capital Related Costs	0	N/A
3.01		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	18,544	607,698
5.01		0	0
5.02		0	0
5.03	Purchasing Receiving and Stores	288	2,274
5.04	Admitting	4,065	34,089
5.05	Cashiering/Accounts Receivable	7,366	28,847
5.07		0	0
5.08		0	0
5.09		0	0
5.06	Other Administrative and General	217,945	282,006
6.00	Maintenance and Repairs	14,388	46,262
7.00	Operation of Plant	113,933	35,897
8.00	Laundry and Linen Service	14,514	13,468
9.00	Housekeeping	23,839	78,057
10.00	Dietary	77,747	104,041
11.00	Cafeteria	14,980	56,477
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	24,553	210,025
14.00	Central Services and Supply	3,612	5,843
15.00	Pharmacy	0	0
16.00	Medical Records & Library	12,152	51,137
17.00	Social Service	1,939	30,213
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)	7,148	10,551
23.01		0	0
23.02		0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 1,323,221	\$ 1,596,885

* 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 SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	PURCHASE/RECEIVE 5.03	ADMITTING 5.04	CASHIER/AR 5.05	ALLOC COST 5.07	ALLOC COST 5.08	ALLOC COST 5.09	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.06
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	95,385	16,959
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Foundation	0	135,259	0	0	0	0	0	0	0	0	644,367	114,567
194.01 Business Development/Marketing	0	50,107	0	0	160	0	0	0	0	0	700,439	124,536
194.02 Community Outreach	0	67,618	0	0	44	0	0	0	0	0	313,509	55,741
194.03 Guest Meals	0	0	0	0	0	0	0	0	0	0	0	0
194.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>30,231,053</u>	<u>0</u>	<u>0</u>	<u>742,017</u>	<u>2,389,628</u>	<u>4,026,707</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>245,699,704</u>	<u>37,090,294</u>

Provider Name:

Fiscal Period Ended:

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

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
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	14,406	31,737	0	19,154	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Foundation	0	0	0	0	0	0	0	0	0	0	0	0
194.01 Business Development/Marketing	5,364	11,816	0	7,131	0	3,238	0	22	1,086	0	0	0
194.02 Community Outreach	1,073	2,363	0	1,426	0	9,457	0	345	299	0	0	0
194.03 Guest Meals	0	0	0	0	7,778	0	0	0	0	0	0	0
194.04	0	0	0	0	0	0	0	0	0	0	0	0
0												
TOTAL	<u>4,264,759</u>	<u>8,308,398</u>	<u>2,006,845</u>	<u>4,898,421</u>	<u>2,859,592</u>	<u>2,811,501</u>	<u>0</u>	<u>6,001,377</u>	<u>4,750,685</u>	<u>8,693,455</u>	<u>7,142,549</u>	<u>314,837</u>

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL	
	SVC (SPECIFIC)	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM COSTS	EDUCATION PROGRAM	COST	COST		STEP-DOWN ADJUSTMENT (Adj 1)	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	0	
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	177,642	0	177,642	
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	
194.00 Foundation	0	0	0	0	0	0	0	0	758,934	0	758,934	
194.01 Business Development/Marketing	0	0	0	0	0	0	0	0	853,630	0	853,630	
194.02 Community Outreach	0	0	0	0	0	0	0	0	384,213	0	384,213	
194.03 Guest Meals	0	0	0	0	0	0	0	0	7,778	0	7,778	
194.04	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	983,119	0	0	245,699,705	0	245,699,705

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES)	STAT 5.01 (Adj) (Adj)	STAT 5.02 (Adj) (Adj)	PURCHASING (CSTD REQUIS) 5.03 (Adj) (Adj)	ADMITTING (INPATIENT CHARGES) 5.04 (Adj) (Adj)	CASHIERING (GROSS CHARGES) 5.05 (Adj) (Adj)	STAT 5.07 (Adj) (Adj)	STAT 5.08 (Adj) (Adj)	STAT 5.09 (Adj) (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS (SQ FT) 6.00 (Adjs 2, 3) (Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01												
5.02												
5.03	Purchasing Receiving and Stores	537,537										
5.04	Admitting	1,531,437		76,791								
5.05	Cashiering/Accounts Receivable	1,655,188		18,210								
5.07												
5.08												
5.09												
5.06	Other Administrative and General	12,121,955		177,784								
6.00	Maintenance and Repairs	1,112,577		306,556						3,620,960		
7.00	Operation of Plant	371,551		43,292						6,635,369	45,984	
8.00	Laundry and Linen Service	77,831		0						1,647,507	1,933	
9.00	Housekeeping	1,659,016		528,530						3,978,218	6,196	
10.00	Dietary	503,038		125,857						2,162,643	6,426	
11.00	Cafeteria	1,174,977		196,920						2,231,536	3,768	
12.00	Maintenance of Personnel									0		
13.00	Nursing Administration	3,321,198		27,274						4,909,044	2,651	
14.00	Central Services and Supply	949,139		222,039						3,585,742	9,471	
15.00	Pharmacy	4,467,662		70,962						6,920,164	7,703	
16.00	Medical Records & Library	2,475,068		33,321						5,709,095	6,163	
17.00	Social Service	197,589		86						261,230	0	
18.00	Other General Service (specify)									0		
19.00	Nonphysician Anesthetists									0		
20.00	Nursing School									0		
21.00	Intern & Res. Service-Salary & Fringes (Approved)									0		
22.00	Intern & Res. Other Program Costs (Approved)									0		
23.00	Paramedical Ed. Program (specify)	319,272		4,718						673,943	3,638	
23.01										0		
23.02										0		
INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	27,871,634		865,208	236,208,213	236,208,213				48,009,313	125,873	
31.00	Intensive Care Unit	7,392,428		232,495	67,278,260	67,278,260				12,944,914	33,309	
31.01	Neonatal Intensive Care Unit	1,454,317		38,769	7,235,779	7,235,779				2,268,326	3,960	
33.00	Burn Intensive Care Unit	0		0	0	0				0	0	
34.00	Surgical Intensive Care Unit									0		
35.00	Other Special Care (specify)									0		
40.00	Subprovider - Psychiatric									0		
41.00	Subprovider - Rehabilitation	1,789,229		69,996	16,460,030	16,460,030				4,510,875	10,788	
42.00	Subprovider (specify)									0		
43.00	Nursery	939,558		23,094	7,366,062	7,366,062				1,503,761	1,980	
44.00	Skilled Nursing Facility	2,145,332		98,418	16,038,590	16,038,590				3,780,844	10,788	
45.00	Nursing Facility									0		
46.00	Other Long Term Care									0		
47.00										0		

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES)	STAT	STAT	PURCHASING (CSTD REQUIS)	ADMITTING (INPATIENT CHARGES)	CASHIERING (GROSS CHARGES)	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS (SQ FT) 6.00 (Adjs 2, 3) (Adj)
	4.00 (Adj) (Adj)	5.01 (Adj) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	5.04 (Adj) (Adj)	5.05 (Adj) (Adj)	5.07 (Adj) (Adj)	5.08 (Adj) (Adj)	5.09 (Adj) (Adj)			
105.00											0	
106.00											0	
107.00											0	
108.00											0	
109.00											0	
110.00											0	
111.00											0	
112.00											0	
113.00											0	
114.00											0	
115.00											0	
116.00											0	
117.00											0	
190.00				0							95,385	1,343
191.00											0	
192.00											0	
194.00	463,361			0							644,367	0
194.01	171,652			6,430							700,439	500
194.02	231,641			1,772							313,509	100
194.03	0										0	
194.04											0	
TOTAL	103,563,203	0	0	29,860,368	925,467,454	1,181,183,290	0	0	0		208,609,410	397,569
COST TO BE ALLOCATED	30,231,053	0	0	742,017	2,389,628	4,026,708	0	0	0		37,090,294	4,264,759
UNIT COST MULTIPLIER - SCH 8	0.291909	0.000000	0.000000	0.024850	0.002582	0.003409	0.000000	0.000000	0.000000		0.177798	10.727092

Provider Name:
 METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
 DECEMBER 31, 2012

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (ASSIGNED TIME)	MANT OF PERSONNEL	NURSING ADMIN (NURSE TIME)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (PATIENT DAYS)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	(Adjs 2, 3)	(Adj)	(Adjs 2, 3)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
112.00 Other Organ Acquisition (specify)												
113.00 Interest Expense												
114.00 Utilization Review-SNF												
115.00 Ambulatory Surgical Center (Distinct Part)												
116.00 Hospice												
117.00 Other Special Purpose (specify)												
190.00 Gift, Flower, Coffee Shop, & Canteen	1,343		1,343		0		0			0		
191.00 Research												
192.00 Physicians' Private Offices												
194.00 Foundation	0		0		0		0	0		0		
194.01 Business Development/Marketing	500		500		114		3	6,430		0		
194.02 Community Outreach	100		100	0	333		47	1,772		0		
194.03 Guest Meals				600	0		0	0		0		
194.04												
TOTAL	351,585	1,303,591	343,456	220,595	98,998	0	817,682	28,137,115	7,545,225	1,181,183,290	78,716	0
COST TO BE ALLOCATED	8,308,398	2,006,845	4,898,421	2,859,592	2,811,501	0	6,001,377	4,750,685	8,693,455	7,142,549	314,837	0
UNIT COST MULTIPLIER - SCH 8	23.631264	1.539474	14.262151	12.963085	28.399571	0.000000	7.339500	0.168841	1.152180	0.006047	3.999658	0.000000

Provider Name:
 METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
 DECEMBER 31, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (TIME SPENT)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01							
5.02							
5.03	Purchasing Receiving and Stores						
5.04	Admitting						
5.05	Cashiering/Accounts Receivable						
5.07							
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	Nursing Administration						
14.00	Central Services and Supply						
15.00	Pharmacy						
16.00	Medical Records & Library						
17.00	Social Service						
18.00	Other General Service (specify)						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Service-Salary & Fringes (Approved)						
22.00	Intern & Res. Other Program Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.01							
23.02							
INPATIENT ROUTINE COST CENTERS							
30.00	Adults & Pediatrics (Gen Routine)				134,918		
31.00	Intensive Care Unit				42,945		
31.01	Neonatal Intensive Care Unit				19,352		
33.00	Burn Intensive Care Unit				0		
34.00	Surgical Intensive Care Unit						
35.00	Other Special Care (specify)						
40.00	Subprovider - Psychiatric						
41.00	Subprovider - Rehabilitation				6,000		
42.00	Subprovider (specify)						
43.00	Nursery				4,042		
44.00	Skilled Nursing Facility				4,940		
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:
 METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
 DECEMBER 31, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (TIME SPENT)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room				12,730		
51.00	Recovery Room						
52.00	Delivery Room and Labor Room				17,295		
53.00	Anesthesiology				0		
54.00	Radiology-Diagnostic				0		
55.00	Radiology-Therapeutic				0		
56.00	Radioisotope				0		
57.00	Computed Tomography (CT) Scan				0		
58.00	Magnetic Resonance Imaging (MRI)				0		
59.00	Cardiac Catheterization				0		
60.00	Laboratory				0		
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				0		
66.00	Physical Therapy				0		
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				0		
74.00	Renal Dialysis				0		
75.00	ASC (Non-Distinct Part)						
76.00	Ultrasound				0		
76.01	Cardiac Rehabilitation				0		
76.02	Vascular/Sleep Laboratory				0		
76.03	G.I. Laboratory				0		
76.04	Other Reimbursable Cost Center				0		
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency				2,000		
92.00	Observation Beds						
93.00	Wound Care Clinic						
93.01							
93.02							
93.03							
93.04							
93.05							
NONREIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable (specify)						
99.00	Outpatient Rehabilitation Provider (specify)						
100.00	Intern-Resident Service (not appvd. tchn. prgm.)						
101.00	Home Health Agency						

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:

DECEMBER 31, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (TIME SPENT)	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 (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						
194.00	Foundation						
194.01	Business Development/Marketing						
194.02	Community Outreach						
194.03	Guest Meals						
194.04							
TOTAL	0	0	0	0	244,222	0	0
COST TO BE ALLOCATED	0	0	0	0	983,119	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	4.025513	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 31,619,835	\$ 0	\$ 31,619,835
2.00	Capital Related Costs-Movable Equipment	10,575,094	0	10,575,094
3.00	Other Capital Related Costs	0	0	0
3.01		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
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	29,335,867	0	29,335,867
5.01		0	0	0
5.02		0	0	0
5.03	Purchasing Receiving and Stores	502,433	0	502,433
5.04	Admitting	1,719,582	0	1,719,582
5.05	Cashiering/Accounts Receivable	3,014,956	0	3,014,956
5.07		0	0	0
5.08		0	0	0
5.09		0	0	0
5.06	Other Administrative and General	21,627,480	0	21,627,480
6.00	Maintenance and Repairs	2,977,557	0	2,977,557
7.00	Operation of Plant	3,259,867	0	3,259,867
8.00	Laundry and Linen Service	1,487,498	0	1,487,498
9.00	Housekeeping	3,040,738	0	3,040,738
10.00	Dietary	1,556,274	0	1,556,274
11.00	Cafeteria	1,616,038	0	1,616,038
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	3,750,593	0	3,750,593
14.00	Central Services and Supply	2,630,494	0	2,630,494
15.00	Pharmacy	5,067,151	0	5,067,151
16.00	Medical Records & Library	4,548,051	0	4,548,051
17.00	Social Service	203,550	0	203,550
18.00	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)	0	0	0
23.00	Paramedical Ed. Program (specify)	322,242	0	322,242
23.01		0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	29,496,671	0	29,496,671
31.00	Intensive Care Unit	8,012,408	0	8,012,408
31.01	Neonatal Intensive Care Unit	1,518,229	0	1,518,229
33.00	Burn Intensive Care Unit	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0
35.00	Other Special Care (specify)	0	0	0
40.00	Subprovider - Psychiatric	0	0	0
41.00	Subprovider - Rehabilitation	3,122,022	0	3,122,022
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	1,044,163	0	1,044,163
44.00	Skilled Nursing Facility	2,289,860	0	2,289,860
45.00	Nursing Facility	0	0	0
46.00	Other Long Term Care	0	0	0
47.00		0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 7,111,676	\$ 0	\$ 7,111,676
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	2,908,047	0	2,908,047
53.00	Anesthesiology	198,152	0	198,152
54.00	Radiology-Diagnostic	2,532,562	0	2,532,562
55.00	Radiology-Therapeutic	1,476,755	0	1,476,755
56.00	Radioisotope	620,800	0	620,800
57.00	Computed Tomography (CT) Scan	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	1,380,061	0	1,380,061
59.00	Cardiac Catheterization	1,950,632	0	1,950,632
60.00	Laboratory	4,682,744	0	4,682,744
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	3,244,716	0	3,244,716
66.00	Physical Therapy	2,026,611	0	2,026,611
67.00	Occupational Therapy	909,750	0	909,750
68.00	Speech Pathology	282,185	0	282,185
69.00	Electrocardiology	685,684	0	685,684
70.00	Electroencephalography	132,678	0	132,678
71.00	Medical Supplies Charged to Patients	10,333,690	0	10,333,690
72.00	Implantable Devices Charged to Patients	11,974,634	0	11,974,634
73.00	Drugs Charged to Patients	7,545,225	0	7,545,225
74.00	Renal Dialysis	1,204,685	0	1,204,685
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Ultrasound	407,052	0	407,052
76.01	Cardiac Rehabilitation	150,100	0	150,100
76.02	Vascular/Sleep Laboratory	271,709	0	271,709
76.03	G.I. Laboratory	1,018,520	0	1,018,520
76.04	Other Reimbursable Cost Center	386,824	0	386,824
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
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	6,146,134	0	6,146,134
92.00	Observation Beds	0	0	0
93.00	Wound Care Clinic	416,914	0	416,914
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
	SUBTOTAL	\$ 244,337,193	\$ 0	\$ 244,337,193
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	0
95.00	Ambulance Services	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)	0	0	0
101.00	Home Health Agency	0	0	0
105.00	Kidney Acquisition	0	0	0
106.00	Heart Acquisition	0	0	0
107.00	Liver Acquisition	0	0	0
108.00	Lung Acquisition	0	0	0
109.00	Pancreas Acquisition	0	0	0
110.00	Intestinal Acquisition	0	0	0
111.00	Islet Acquisition	0	0	0
112.00	Other Organ Acquisition (specify)	0	0	0
113.00	Interest Expense	0	0	0
114.00	Utilization Review-SNF	0	0	0
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0
116.00	Hospice	0	0	0
117.00	Other Special Purpose (specify)	0	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0
191.00	Research	0	0	0
192.00	Physicians' Private Offices	0	0	0
194.00	Foundation	509,108	0	509,108
194.01	Business Development/Marketing	614,660	0	614,660
194.02	Community Outreach	238,744	0	238,744
194.03	Guest Meals	0	0	0
194.04		0	0	0
	SUBTOTAL	\$ 1,362,512	\$ 0	\$ 1,362,512
200	TOTAL	\$ 245,699,705	\$ 0	\$ 245,699,705

(To Schedule 8)

Provider Name:

Fiscal Period Ended:

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

DECEMBER 31, 2012

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ											
105.00 Kidney Acquisition	0												
106.00 Heart Acquisition	0												
107.00 Liver Acquisition	0												
108.00 Lung Acquisition	0												
109.00 Pancreas Acquisition	0												
110.00 Intestinal Acquisition	0												
111.00 Islet Acquisition	0												
112.00 Other Organ Acquisition (specify)	0												
113.00 Interest Expense	0												
114.00 Utilization Review-SNF	0												
115.00 Ambulatory Surgical Center (Distinct Part)	0												
116.00 Hospice	0												
117.00 Other Special Purpose (specify)	0												
190.00 Gift, Flower, Coffee Shop, & Canteen	0												
191.00 Research	0												
192.00 Physicians' Private Offices	0												
194.00 Foundation	0												
194.01 Business Development/Marketing	0												
194.02 Community Outreach	0												
194.03 Guest Meals	0												
194.04	0												
200.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name:

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Fiscal Period Ended:

DECEMBER 31, 2012

AUDIT ADJ AUDIT ADJ

ANCILLARY COST CENTERS

Table with 14 columns (AUDIT ADJ) and rows for Ancillary Cost Centers (50.00 to 93.05). Each row contains a description and 14 empty cells for audit adjustments.

NONREIMBURSABLE COST CENTERS

Table with 14 columns (AUDIT ADJ) and rows for Nonreimbursable Cost Centers (94.00 to 101.00). Each row contains a description and 14 empty cells for audit adjustments.

Provider Name							Fiscal Period			Provider NPI		Adjustments
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1508851288		18
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>RECLASSIFICATION OF REPORTED COSTS</u>												
1	8.3	B	I		30.00	26.00	Adults and Pediatrics		\$72,108,697	\$6,661,970	\$78,770,667	
	8.3	B	I		41.00	26.00	Subprovider - IRF		6,661,970	(6,661,970)	0	
							To reclassify Subprovider (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					

Provider Name			Fiscal Period				Provider NPI		Adjustments	
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1508851288		18	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO REPORTED STATISTICS</u>										
2	9	B-1		4.00	1,2	Employee Benefits (Square Feet)	12,420	184	12,604	
	9	B-1		5.03	1,2	Purchasing Receiving and Stores	7,949	(6,785)	1,164	
	9	B-1		5.04	1,2	Admitting	12,564	(9,451)	3,113	
	9	B-1		5.05	1,2	Cashiering / Accounts Receivable	4,808	2,628	7,436	
	9	B-1		5.06	1,2	Other Administrative and General	33,478	134,351	167,829	
	9	B-1		6.00	1,2	Maintenance and Repairs	30,110	(25,731)	4,379	
	9	B-1		7.00	1,2,6	Operation of Plant	29,803	16,181	45,984	
	9	B-1		8.00	1,2,6,7	Laundry and Linen Service	1,347	586	1,933	
	9	B-1		9.00	1,2,6,7	Housekeeping	1,371	4,825	6,196	
	9	B-1		10.00	1,2,6,7,9	Dietary	6,445	(19)	6,426	
	9	B-1		11.00	1,2,6,7,9	Cafeteria	8,367	(4,599)	3,768	
	9	B-1		13.00	1,2,6,7,9	Nursing Administration	4,219	(1,568)	2,651	
	9	B-1		14.00	1,2,6,7,9	Central Services and Supplies	9,647	(176)	9,471	
	9	B-1		15.00	1,2,6,7,9	Pharmacy	6,595	1,108	7,703	
	9	B-1		16.00	1,2,6,7,9	Medical Records and Library	5,300	863	6,163	
	9	B-1		23.00	1,2,6,7,9	Paramedical Education Program	0	3,638	3,638	
	9	B-1		30.00	1,2,6,7,9	Adults and Pediatrics	201,593	(14,514)	187,079 *	
	9	B-1		31.00	1,2,6,7,9	Intensive Care Unit	19,806	13,503	33,309	
	9	B-1		31.01	1,2,6,7,9	Neonatal Intensive Care Unit	1,598	2,362	3,960	
	9	B-1		41.00	1,2,6,7,9	Subprovider - IRF	10,929	(141)	10,788	
	9	B-1		43.00	1,2,6,7,9	Nursery	6,000	(4,020)	1,980	
	9	B-1		44.00	1,2,6,7,9	Skilled Nursing Facility	8,785	2,003	10,788	
	9	B-1		50.00	1,2,6,7,9	Operating Room	20,950	10,083	31,033	
	9	B-1		52.00	1,2,6,7,9	Delivery Room and Labor Room	7,331	7,641	14,972	
	9	B-1		53.00	1,2,6,7,9	Anesthesiology	231	(31)	200	
	9	B-1		54.00	1,2,6,7,9	Radiology-Diagnostic	12,805	(5,618)	7,187	
	9	B-1		55.00	1,2,6,7,9	Radiology-Therapeutic	8,312	(8,312)	0	
	9	B-1		56.00	1,2,6,7,9	Radioisotope	1,831	766	2,597	
	9	B-1		58.00	1,2,6,7,9	Magnetic Resonance Imaging	1,842	2,953	4,795	
	9	B-1		59.00	1,2,6,7,9	Cardiac Catherization	7,063	(2,807)	4,256	
	9	B-1		60.00	1,2,6,7,9	Laboratory	12,425	(1,202)	11,223	
	9	B-1		65.00	1,2,6,7,9	Respiratory Therapy	3,278	(1,622)	1,656	

-Continued on next page-

Provider Name			Fiscal Period					Provider NPI		Adjustments
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012					1508851288		18
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED STATISTICS										
-Continued from previous page-										
2	9	B-1	66.00	1,2,6,7,9	Physical Therapy		7,544	(3,620)	3,924	
	9	B-1	67.00	1,2,6,7,9	Occupational Therapy		2,744	(2,366)	378	
	9	B-1	68.00	1,2,6,7,9	Speech Pathology		0	100	100	
	9	B-1	69.00	1,2,6,7,9	Electrocardiology		3,721	(841)	2,880	
	9	B-1	70.00	1,2,6,7,9	Electroencephalography		3,374	(2,974)	400	
	9	B-1	76.00	1,2,6,7,9	Ultrasound		1,054	1,543	2,597	
	9	B-1	76.01	1,2,6,7,9	Cardiac Rehabilitation		2,419	1,656	4,075	
	9	B-1	76.02	1,2,6,7,9	Vascular/Sleep Laboratory		2,760	(960)	1,800	
	9	B-1	76.03	1,2,6,7,9	G. I. Laboratory		14,893	(12,853)	2,040	
	9	B-1	91.00	1,2,6,7,9	Emergency		12,402	4,592	16,994	
	9	B-1	93.00	1,2,6,7,9	Wound Care Clinic		3,525	(1,637)	1,888	
	9	B-1	190.00	1,2,6,7,9	Gift, Flower, Coffee Shop and Canteen		3,771	(2,428)	1,343	
	9	B-1	194.01	1,2,6,7,9	Business Development / Marketing		909	(409)	500	
	9	B-1	194.02	1,2,6,7,9	Community Outreach		1,100	(1,000)	100	
	9	B-1	1.00	1	Total - Square Feet		559,418	95,882	655,300 *	
	9	B-1	2.00	2	Total - Square Feet		559,418	95,882	655,300 *	
	9	B-1	6.00	6	Total - Square Feet		458,089	686	458,775 *	
	9	B-1	7.00	7	Total - Square Feet		428,286	(15,495)	412,791 *	
	9	B-1	9.00	9	Total - Square Feet		425,568	(20,906)	404,662 *	
To adjust square footage statistics to agree with the provider's square footage schedule. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306										
3	9	B-1	30.00	1,2,6,7,9	Adults and Pediatrics (Square Feet)	*	187,079	(61,206)	125,873	
	9	B-1	1.00	1	Total - Square Feet	*	655,300	(61,206)	594,094	
	9	B-1	2.00	2	Total - Square Feet	*	655,300	(61,206)	594,094	
	9	B-1	6.00	6	Total - Square Feet	*	458,775	(61,206)	397,569	
	9	B-1	7.00	7	Total - Square Feet	*	412,791	(61,206)	351,585	
	9	B-1	9.00	9	Total - Square Feet	*	404,662	(61,206)	343,456	
To adjust square feet to reflect the vacant spaces for proper cost determination. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306										
*Balance carried forward from prior/to subsequent adjustments										Page 3

Provider Name							Fiscal Period		Provider NPI		Adjustments
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1508851288		18
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENTS TO REPORTED PATIENT DAYS</u>											
4	4, Contract 4	D-1	I	XIX	1.00	1	Adults and Pediatrics (Inpatient Days) - Total	55,523	5,950	61,473	
	4, Contract 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days) - Total To include Subprovider (Rehabilitation) total inpatient days to Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3, and 2306	55,523	5,950	61,473	
5	DPNF 1	Not Reported					Total Skilled Nursing Days To reflect the total skilled nursing days on the audit report. 42 CFR 413.20, and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	8,563	8,563	

Provider Name							Fiscal Period		Provider NPI		Adjustments
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1508851288		18
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENT TO REPORTED TOTAL CHARGES</u>											
6	4, Contract 4	D-1	I	XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Charges)	\$243,574,275	\$16,460,030	\$260,034,305	
	4, Contract 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges) To include Subprovider (Rehabilitation) total inpatient charges with Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3, and 2306	243,574,275	16,460,030	260,034,305	

Provider Name			Fiscal Period				Provider NPI		Adjustments	
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1508851288		18	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</u>										
7	4A	Not Reported					Medi-Cal Administrative Days (January 2012 through September 2012)	0	73	73
	4A	Not Reported					Medi-Cal Administrative Day Rate (January 2012 through September 2012)	\$0	\$416.95	\$416.95
	4A	Not Reported					Medi-Cal Administrative Days (January 2012 through July 2012)	0	5	5
	4A	Not Reported					Medi-Cal Administrative Day Rate (January 2012 through July 2012)	\$0	\$208.48	\$208.48
8	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$10,355	\$10,355
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	22,867	22,867
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	2,120	2,120
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	111,029	111,029
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	146,371	146,371
9	2	Not Reported					Medi-Cal Routine Service Charges	\$0	\$294,400	\$294,400
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	146,371	146,371
10	3	Not Reported					Medi-Cal Coinsurance	\$0	\$732	\$732
11	1	Not Reported					Medi-Cal Interim Payments	\$0	\$65,877	\$65,877
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 1, 2012 through December 31, 2012 Payment Period: January 1, 2012 through December 31, 2013 Report Date: January 3, 2014 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 SOUTHERN CALIFORNIA							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1508851288		18
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
12	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	7,316	(2,299)	5,017	
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	918	(9)	909	
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	334	345	679	
	Contract 4A	D-1	II	XIX	43.01	4	Medi-Cal Days - Neonatal Intensive Care Unit	366	(29)	337	
13	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$2,201,699	\$528,532	\$2,730,231	
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	284,091	3,043,672	3,327,763	
	Contract 6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	447,550	251,706	699,256	
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,314,830	(218,063)	1,096,767	
	Contract 6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	130,648	24,567	155,215	
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	400,353	18,379	418,732	
	Contract 6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	3,172,960	(111,348)	3,061,612	
	Contract 6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catherization	930,148	1,020,846	1,950,994	
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	6,881,064	242,378	7,123,442	
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	4,296,366	(588,567)	3,707,799	
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	240,443	(60,558)	179,885	
	Contract 6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	62,312	(11,147)	51,165	
	Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	92,175	(17,728)	74,447	
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,682,534	(1,174,628)	507,906	
	Contract 6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	149,919	48,776	198,695	
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	2,108,487	(7,581)	2,100,906	
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	1,870,540	(1,094,376)	776,164	
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	15,428,817	(1,157,475)	14,271,342	
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	406,400	(28,087)	378,313	
	Contract 6	D-3		XIX	76.00	2	Medi-Cal Ancillary Charges - Ultrasound	436,402	(24,074)	412,328	
	Contract 6	D-3		XIX	76.02	2	Medi-Cal Ancillary Charges - Vascular/Sleep Laboratory	247,628	(247,628)	0	
	Contract 6	D-3		XIX	76.03	2	Medi-Cal Ancillary Charges - Gastrointestinal Laboratory	436,304	(164,302)	272,002	
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	1,882,926	(36,097)	1,846,829	
	Contract 6	D-3		XIX	93.00	2	Medi-Cal Ancillary Charges - Wound Care Clinic	4,395	(4,395)	0	
	Contract 6	D-3		XIX	202.00	2	Medi-Cal Ancillary Charges - Total	45,108,991	232,802	45,341,793	

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1508851288		18
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</u>												
-Continued from previous page-												
14	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$38,981,720	(\$8,370,814)	\$30,610,906		
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	45,108,991	232,802	45,341,793		
15	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$52,546	(\$8,238)	\$44,308		
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	494,163	(35,247)	458,916		
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 1, 2012 through December 31, 2012 Payment Period: January 1, 2012 through December 31, 2013 Report Date: January 3, 2014 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 SOUTHERN CALIFORNIA			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1508851288		18	
Report References							As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Work Sheet								Part
Cost Report			Explanation of Audit Adjustments							
<u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</u>										
16	DPNF4	Not Reported					Total DPNF Ancillary Charges - Respiratory Therapy	\$0	\$3,763,025	\$3,763,025
	DPNF4	Not Reported					Total DPNF Ancillary Charges - Medical Supplies Charged to Patients	0	172,260	172,260
	DPNF4	Not Reported					Total DPNF Ancillary Charges - Total	0	3,935,285	3,935,285
							To include the distinct part nursing facility ancillary charges in the audit report to agree with provider's records.			
							42 CFR 413.20, and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			
							CCR, Title 22, Section 51511			

Provider Name							Fiscal Period			Provider NPI		Adjustments
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1508851288		18
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO OTHER MATTERS</u>												
17	Contract 1	NA					Medi-Cal Overpayments 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	\$0	\$854	\$854		
18	DPNF 1	S-3	I		27.00	2	Total Licensed Capacity (All Levels) To adjust the total number of licensed beds based on the facility license effective May 1, 2012. 42 CFR 413.20, and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 72201	589	7	596		