

**REPORT
ON THE
COST REPORT REVIEW
WHITE MEMORIAL MEDICAL CENTER
LOS ANGELES, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS:
1215927470 AND 1942281936
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: Peter Scollan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 8, 2014

Blin Richards, Controller
Finance Department
White Memorial Medical Center
1720 East Cesar E. Chavez Avenue
Los Angeles, CA 90033

WHITE MEMORIAL MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1215927470
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 \$96,170, 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
MS 0017
Sacramento, CA 95814
(916) 322-5603

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

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.

Blin Richards
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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:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1215927470		
Reported	\$ 0	
Net Change	\$ <u>(44,015)</u>	
Audited Amount Due Provider (State)	\$ (44,015)	
2. REHABILITATION (SCHEDULE 1-1) Provider NPI: 1215927470		
Reported	\$ 474,426	
Net Change	\$ <u>(474,426)</u>	
Audited Amount Due Provider (State)	\$ 0	
3. PSYCHIATRIC (SCHEDULE 1-2) Provider NPI: 1215927470		
Reported	\$ 3,034,333	
Net Change	\$ <u>(3,034,333)</u>	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1215927470		
Reported		\$ 45,781,830
Net Change		\$ <u>(653,295)</u>
Audited Cost		\$ 45,128,535
Audited Amount Due Provider (State)	\$ (51,488)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1942281936		
Reported		\$ 784.66
Net Change		\$ <u>14.11</u>
Audited Cost Per Day		\$ 798.77
Audited Amount Due Provider (State)	\$ (667)	
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)	\$ (96,170)	
9. Total Medi-Cal Cost		\$ 45,128,535

SUMMARY OF FINDINGS

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

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)		\$ (96,170)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>0</u>	\$ <u>207,722</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>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>0</u>	\$ <u>207,722</u>
6. Interim Payments (Adj 29)	\$ <u>0</u>	\$ <u>(251,737)</u>
7. Balance Due Provider (State)	\$ <u>0</u>	\$ <u>(44,015)</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>0</u></u>	\$ <u><u>(44,015)</u></u>

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
WHITE MEMORIAL MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1215927470

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ <u>0</u>	\$ <u>207,816</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 27)	\$ <u>0</u>	\$ <u>2,131,825</u>
3. Inpatient Ancillary Service Charges (Adj 27)	\$ <u>0</u>	\$ <u>466,039</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>2,597,864</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>2,390,048</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(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:
WHITE MEMORIAL MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1215927470

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 57,400
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 150,416
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	\$ 207,816
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0	\$ 0
8. SUBTOTAL	\$ 0	\$ 207,816
		(To Schedule 2)
9. Medi-Cal Deductible (Adj)	\$ 0	\$ 0
10. Medi-Cal Coinsurance (Adj 28)	\$ 0	\$ (94)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 207,722
		(To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
WHITE MEMORIAL MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1215927470

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adjs 20, 22)	66,027	71,704
2. Inpatient Days (include private, exclude swing-bed)	66,027	71,704
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 20, 22)	66,027	71,704
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)	\$ 67,910,989	\$ 71,192,284
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)	\$ 67,910,989	\$ 71,192,284

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj 23)	\$ 305,376,086	\$ 313,444,743
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj 23)	\$ 305,376,086	\$ 313,444,743
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.222385	\$ 0.227129
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)	\$ 4,625.02	\$ 4,371.37
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)	\$ 67,910,989	\$ 71,192,284

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,028.53	\$ 992.86
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 150,416
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 150,416

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
WHITE MEMORIAL MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1215927470

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 2,104,886	\$ 2,236,428
2. Total Inpatient Days (Adj 22)	7,273	7,275
3. Average Per Diem Cost	\$ 289.41	\$ 307.41
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)	\$ 18,812,141	\$ 19,290,389
7. Total Inpatient Days (Adj 22)	10,949	10,950
8. Average Per Diem Cost	\$ 1,718.16	\$ 1,761.68
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
PEDIATRIC INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 1,748,205	\$ 2,261,274
12. Total Inpatient Days (Adj 22)	642	643
13. Average Per Diem Cost	\$ 2,723.06	\$ 3,516.76
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 35.10, Col 26)	\$ 11,503,335	\$ 11,728,657
17. Total Inpatient Days (Adj 22)	7,422	7,424
18. Average Per Diem Cost	\$ 1,549.90	\$ 1,579.83
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 32, 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
SURGICAL INTENSIVE CARE UNIT		
26. Total Inpatient Routine Cost (Sch 8, Line 34, 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 2012 THROUGH DECEMBER 2012)		
31. Per Diem Rate (Adj 25)	\$ 0.00	\$ 413.23
32. Medi-Cal Inpatient Days (Adj 25)	0	364
33. Cost Applicable to Medi-Cal	\$ 0	\$ 150,416
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0	0
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 0	\$ 150,416

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

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 Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 22,956,546	\$ 127,578,229	0.179941	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	12,849,844	91,354,116	0.140660	0	0
53.00	Anesthesiology	1,965,852	20,311,103	0.096787	1,541	149
54.00	Radiology-Diagnostic	15,574,259	175,289,132	0.088849	19,792	1,758
55.00	Radiology-Therapeutic	2,738,292	11,223,410	0.243980	0	0
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	17,630,712	200,717,345	0.087839	157,218	13,810
61.00	PBP Clinical Lab 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	8,191,424	69,469,258	0.117914	0	0
66.00	Physical Therapy	3,824,728	22,783,279	0.167874	32,815	5,509
67.00	Occupational Therapy	3,146,807	12,235,201	0.257193	31,839	8,189
68.00	Speech Pathology	978,146	4,182,636	0.233859	23,041	5,388
69.00	Electrocardiology	7,018,928	119,507,858	0.058732	0	0
70.00	Electroencephalography	205,047	938,580	0.218465	0	0
71.00	Medical Supplies Charged to Patients	7,182,377	64,528,671	0.111305	0	0
72.00	Implantable Devices Charged to Patients	19,029,586	65,065,819	0.292467	0	0
73.00	Drugs Charged to Patients	16,794,905	148,495,401	0.113101	199,793	22,597
74.00	Renal Dialysis	2,378,762	7,710,604	0.308505	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Gastrointestinal Laboratory	2,141,611	33,722,857	0.063506	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	2,229,268	3,662,808	0.608623	0	0
91.00	Emergency	15,916,660	130,822,099	0.121666	0	0
92.00	Observation Beds	0	0	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	\$ 162,753,754	\$ 1,309,598,406		\$ 466,039	\$ 57,400

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 26)	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	1,541	1,541
54.00	Radiology-Diagnostic	0	19,792	19,792
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	157,218	157,218
61.00	PBP Clinical Lab 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	32,815	32,815
67.00	Occupational Therapy	0	31,839	31,839
68.00	Speech Pathology	0	23,041	23,041
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	199,793	199,793
74.00	Renal Dialysis	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Gastrointestinal Laboratory	0	0	0
77.00		0	0	0
78.00		0	0	0
79.00		0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	0	0	0
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 466,039	\$ 466,039

(To Schedule 5)

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-1)	\$ 938,076	\$ 0
2. Excess Reasonable Cost Over Charges (Schedule 2-1)	\$ 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)	\$ 938,076	\$ 0
6. Interim Payments (Adj 33)	\$ (463,650)	\$ 0
7. Balance Due Provider (State)	\$ 474,426	\$ 0
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 474,426	\$ 0

(To Summary of Findings)

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

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3-1)	\$ <u>938,076</u>	\$ <u>0</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 32)	\$ <u>545,160</u>	\$ <u>0</u>
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3. Inpatient Ancillary Service Charges (Adj 32)	\$ <u>961,206</u>	\$ <u>0</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>1,506,366</u>	\$ <u>0</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>568,290</u>	\$ <u>0</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 Schedule 1-1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
WHITE MEMORIAL MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1215927470

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5-1)	\$ 179,376	\$ 0
2. Medi-Cal Inpatient Routine Services (Schedule 4-1)	\$ 758,700	\$ 0
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)	\$ 938,076	\$ 0
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-1)	\$ 0	\$ 0
8. SUBTOTAL	\$ 938,076	\$ 0
	(To Schedule 2-1)	
9. Coinsurance (Adj)	\$ 0	\$ 0
10. Patient and Third Party Liability (Adj)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 938,076	\$ 0
	(To Schedule 1-1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

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 20)	4,411	0
2. Inpatient Days (include private, exclude swing-bed)	4,411	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 20)	4,411	0
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 30)	802	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, Part I, Line 30, Col 26)	\$ 4,172,864	\$ 0
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)	\$ 4,172,864	\$ 0

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 23)	\$ 8,068,657	\$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 23)	\$ 8,068,657	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.517170	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 1,829.21	\$ 0.00
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)	\$ 4,172,864	\$ 0

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 946.01	\$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 758,700	\$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-1)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-1)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40&41)	\$ 758,700	\$ 0

(To Schedule 3-1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 2,104,886	\$ 2,236,428
2. Total Inpatient Days (Adj 22)	7,273	7,275
3. Average Per Diem Cost	\$ 289.41	\$ 307.41
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)	\$ 18,812,141	\$ 19,290,389
7. Total Inpatient Days (Adj 22)	10,949	10,950
8. Average Per Diem Cost	\$ 1,718.16	\$ 1,761.68
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
PEDIATRIC INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 1,748,205	\$ 2,261,274
12. Total Inpatient Days (Adj 22)	642	643
13. Average Per Diem Cost	\$ 2,723.06	\$ 3,516.76
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 35.10, Col 26)	\$ 11,503,335	\$ 11,728,657
17. Total Inpatient Days (Adj 22)	7,422	7,424
18. Average Per Diem Cost	\$ 1,549.90	\$ 1,579.83
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 32, 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
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 0

(To Schedule 4-1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

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 Schedule 4-1)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
WHITE MEMORIAL MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1215927470

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-1)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 22,956,546	\$ 127,578,229	0.179941	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	12,849,844	91,354,116	0.140660	0	0
53.00	Anesthesiology	1,965,852	20,311,103	0.096787	0	0
54.00	Radiology-Diagnostic	15,574,259	175,289,132	0.088849	0	0
55.00	Radiology-Therapeutic	2,738,292	11,223,410	0.243980	0	0
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	17,630,712	200,717,345	0.087839	0	0
61.00	PBP Clinical Lab 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	8,191,424	69,469,258	0.117914	0	0
66.00	Physical Therapy	3,824,728	22,783,279	0.167874	0	0
67.00	Occupational Therapy	3,146,807	12,235,201	0.257193	0	0
68.00	Speech Pathology	978,146	4,182,636	0.233859	0	0
69.00	Electrocardiology	7,018,928	119,507,858	0.058732	0	0
70.00	Electroencephalography	205,047	938,580	0.218465	0	0
71.00	Medical Supplies Charged to Patients	7,182,377	64,528,671	0.111305	0	0
72.00	Implantable Devices Charged to Patients	19,029,586	65,065,819	0.292467	0	0
73.00	Drugs Charged to Patients	16,794,905	148,495,401	0.113101	0	0
74.00	Renal Dialysis	2,378,762	7,710,604	0.308505	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Gastrointestinal Laboratory	2,141,611	33,722,857	0.063506	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	2,229,268	3,662,808	0.608623	0	0
91.00	Emergency	15,916,660	130,822,099	0.121666	0	0
92.00	Observation Beds	0	0	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	\$ 162,753,754	\$ 1,309,598,406		\$ 0	\$ 0

(To Schedule 3-1)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 31)	AUDITED
50.00	Operating Room	\$ 1,113	\$ (1,113)	\$ 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	27,569	(27,569)	0
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	82,027	(82,027)	0
61.00	PBP Clinical Lab 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	24,507	(24,507)	0
66.00	Physical Therapy	246,547	(246,547)	0
67.00	Occupational Therapy	272,362	(272,362)	0
68.00	Speech Pathology	92,803	(92,803)	0
69.00	Electrocardiology	576	(576)	0
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	2,538	(2,538)	0
72.00	Implantable Devices Charged to Patients	0	0	0
73.00	Drugs Charged to Patients	191,447	(191,447)	0
74.00	Renal Dialysis	16,471	(16,471)	0
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Gastrointestinal Laboratory	3,246	(3,246)	0
77.00		0	0	0
78.00		0	0	0
79.00		0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	0	0	0
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 961,206	\$ (961,206)	\$ 0

(To Schedule 5-1)

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-2)	\$ 6,089,533	\$ 0
2. Excess Reasonable Cost Over Charges (Schedule 2-2)	\$ 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)	\$ 6,089,533	\$ 0
6. Interim Payments (Adj 37)	\$ (3,055,200)	\$ 0
7. Balance Due Provider (State)	\$ 3,034,333	\$ 0
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 3,034,333	\$ 0

(To Summary of Findings)

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

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3-2)	\$ <u>6,089,533</u>	\$ <u>0</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 36)	\$ <u>25,646,946</u>	\$ <u>0</u>
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3. Inpatient Ancillary Service Charges (Adj 36)	\$ <u>7,001,787</u>	\$ <u>0</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>32,648,733</u>	\$ <u>0</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>26,559,200</u>	\$ <u>0</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 Schedule 1-2)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5-2)	\$ 921,170	\$ 0
2. Medi-Cal Inpatient Routine Services (Schedule 4-2)	\$ 5,168,363	\$ 0
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)	\$ 6,089,533	\$ 0
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-2)	\$ 0	\$ 0
8. SUBTOTAL	\$ 6,089,533	\$ 0
	(To Schedule 2-2)	
9. Coinsurance (Adj)	\$ 0	\$ 0
10. Patient and Third Party Liability (Adj)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 6,089,533	\$ 0

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 21)	66,027	0
2. Inpatient Days (include private, exclude swing-bed)	66,027	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 21)	66,027	0
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 34)	5,025	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, Part I, Line 31, Col 26)	\$ 67,910,989	\$ 0
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)	\$ 67,910,989	\$ 0

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 24)	\$ 305,376,086	\$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 24)	\$ 305,376,086	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.222385	\$ 0.000000
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)	\$ 4,625.02	\$ 0.00
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)	\$ 67,910,989	\$ 0

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,028.53	\$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 5,168,363	\$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-2)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-2)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 5,168,363	\$ 0

(To Schedule 3-2)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 2,104,886	\$ 2,236,428
2. Total Inpatient Days (Adj 22)	7,273	7,275
3. Average Per Diem Cost	\$ 289.41	\$ 307.41
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)	\$ 18,812,141	\$ 19,290,389
7. Total Inpatient Days (Adj 22)	10,949	10,950
8. Average Per Diem Cost	\$ 1,718.16	\$ 1,761.68
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
PEDIATRIC INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 1,748,205	\$ 2,261,274
12. Total Inpatient Days (Adj 22)	642	643
13. Average Per Diem Cost	\$ 2,723.06	\$ 3,516.76
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 35.10, Col 26)	\$ 11,503,335	\$ 11,728,657
17. Total Inpatient Days (Adj 22)	7,422	7,424
18. Average Per Diem Cost	\$ 1,549.90	\$ 1,579.83
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 32, 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
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 0

(To Schedule 4-2)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

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 Schedule 4-2)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
WHITE MEMORIAL MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1215927470

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-2)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 22,956,546	\$ 127,578,229	0.179941	\$ 0	\$ 0
52.00	Delivery Room and Labor Room	0	0	0.000000	0	0
53.00	Anesthesiology	12,849,844	91,354,116	0.140660	0	0
54.00	Radiology-Diagnostic	1,965,852	20,311,103	0.096787	0	0
55.00	Radiology-Therapeutic	15,574,259	175,289,132	0.088849	0	0
56.00	Radioisotope	2,738,292	11,223,410	0.243980	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	0	0	0.000000	0	0
61.00	PBP Clinical Lab Services-Program Only	17,630,712	200,717,345	0.087839	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	0	0	0.000000	0	0
66.00	Physical Therapy	8,191,424	69,469,258	0.117914	0	0
67.00	Occupational Therapy	3,824,728	22,783,279	0.167874	0	0
68.00	Speech Pathology	3,146,807	12,235,201	0.257193	0	0
69.00	Electrocardiology	978,146	4,182,636	0.233859	0	0
70.00	Electroencephalography	7,018,928	119,507,858	0.058732	0	0
71.00	Medical Supplies Charged to Patients	205,047	938,580	0.218465	0	0
72.00	Implantable Devices Charged to Patients	7,182,377	64,528,671	0.111305	0	0
73.00	Drugs Charged to Patients	19,029,586	65,065,819	0.292467	0	0
74.00	Renal Dialysis	16,794,905	148,495,401	0.113101	0	0
75.00	ASC (Non-Distinct Part)	2,378,762	7,710,604	0.308505	0	0
76.00	Gastrointestinal Laboratory	0	0	0.000000	0	0
77.00		2,141,611	33,722,857	0.063506	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	0	0	0.000000	0	0
91.00	Emergency	2,229,268	3,662,808	0.608623	0	0
92.00	Observation Beds	15,916,660	130,822,099	0.121666	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
		0	0	0.000000	0	0
	TOTAL	\$ 162,753,754	\$ 1,309,598,406		\$ 0	\$ 0

(To Schedule 3-2)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
WHITE MEMORIAL MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1215927470

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 35)	AUDITED
50.00	Operating Room	\$ 1,667	\$ (1,667)	\$ 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	264,278	(264,278)	0
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	1,903,341	(1,903,341)	0
61.00	PBP Clinical Lab 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	18,309	(18,309)	0
66.00	Physical Therapy	2,545,412	(2,545,412)	0
67.00	Occupational Therapy	0	0	0
68.00	Speech Pathology	2,409	(2,409)	0
69.00	Electrocardiology	4,637	(4,637)	0
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	2,036	(2,036)	0
72.00	Implantable Devices Charged to Patients	0	0	0
73.00	Drugs Charged to Patients	1,173,501	(1,173,501)	0
74.00	Renal Dialysis	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Gastrointestinal Laboratory	3,473	(3,473)	0
77.00		0	0	0
78.00		0	0	0
79.00		0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
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	1,082,724	(1,082,724)	0
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 7,001,787	\$ (7,001,787)	\$ 0

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	<u>REPORTED</u>	<u>AUDITED</u>
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>45,781,830</u>	\$ <u>45,128,535</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>45,781,830</u>	\$ <u>45,128,535</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>45,781,830</u></u>	\$ <u><u>45,128,535</u></u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj 47)	\$ <u>0</u>	\$ <u>(3,194)</u>
10. Medi-Cal Credit Balances (Adj 46)	\$ <u>0</u>	\$ <u>(48,294)</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>(51,488)</u></u>
	(To Summary of Findings)	

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

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>46,486,340</u>	\$ <u>45,960,846</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 40)	\$ <u>148,786,481</u>	\$ <u>140,140,360</u>
3. Inpatient Ancillary Service Charges (Adj 40)	\$ <u>150,407,625</u>	\$ <u>158,929,939</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>299,194,106</u>	\$ <u>299,070,299</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>252,707,766</u>	\$ <u>253,109,453</u>
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:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>16,398,338</u>	\$ <u>20,097,438</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>30,088,002</u>	\$ <u>25,863,408</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>46,486,340</u>	\$ <u>45,960,846</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>46,486,340</u>	\$ <u>45,960,846</u>
	(To Contract Sch 2)	
9. Medi-Cal Deductible (Adj 41)	\$ <u>0</u>	\$ <u>(47,563)</u>
10. Medi-Cal Coinsurance (Adj 41)	\$ <u>(704,510)</u>	\$ <u>(784,748)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>45,781,830</u></u>	\$ <u><u>45,128,535</u></u>
	(To Contract Sch 1)	

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

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adjs 20, 22)	66,027	71,704
2. Inpatient Days (include private, exclude swing-bed)	66,027	71,704
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 20, 22)	66,027	71,704
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 38)	17,639	13,058

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)	\$ 67,910,989	\$ 71,192,284
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)	\$ 67,910,989	\$ 71,192,284

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 23)	\$ 305,376,086	\$ 313,444,743
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 23)	\$ 305,376,086	\$ 313,444,743
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.222385	\$ 0.227129
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)	\$ 4,625.02	\$ 4,371.37
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)	\$ 67,910,989	\$ 71,192,284

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,028.53	\$ 992.86
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 18,142,241	\$ 12,964,766
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 11,945,761	\$ 12,898,642
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 30,088,002	\$ 25,863,408

(To Contract Sch 3)

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

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 2,104,886	\$ 2,236,428
2. Total Inpatient Days (Adj 22)	7,273	7,275
3. Average Per Diem Cost	\$ 289.41	\$ 307.41
4. Medi-Cal Inpatient Days (Adj 38)	3,704	3,703
5. Cost Applicable to Medi-Cal	\$ 1,071,975	\$ 1,138,339
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 18,812,141	\$ 19,290,389
7. Total Inpatient Days (Adj 22)	10,949	10,950
8. Average Per Diem Cost	\$ 1,718.16	\$ 1,761.68
9. Medi-Cal Inpatient Days (Adj 38)	1,423	1,420
10. Cost Applicable to Medi-Cal	\$ 2,444,942	\$ 2,501,586
PEDIATRIC INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 1,748,205	\$ 2,261,274
12. Total Inpatient Days (Adj 22)	642	643
13. Average Per Diem Cost	\$ 2,723.06	\$ 3,516.76
14. Medi-Cal Inpatient Days (Adj 38)	262	268
15. Cost Applicable to Medi-Cal	\$ 713,442	\$ 942,492
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 35.10, Col 26)	\$ 11,503,335	\$ 11,728,657
17. Total Inpatient Days (Adj 22)	7,422	7,424
18. Average Per Diem Cost	\$ 1,549.90	\$ 1,579.83
19. Medi-Cal Inpatient Days (Adj 38)	4,978	5,264
20. Cost Applicable to Medi-Cal	\$ 7,715,402	\$ 8,316,225
CORONARY CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 32, 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
SURGICAL INTENSIVE CARE UNIT		
26. Total Inpatient Routine Cost (Sch 8, Line 34, 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)	\$ 11,945,761	\$ 12,898,642

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

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:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

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	\$ 22,956,546	\$ 127,578,229	0.179941	\$ 22,077,368	\$ 3,972,622
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	12,849,844	91,354,116	0.140660	17,064,297	2,400,259
53.00	Anesthesiology	1,965,852	20,311,103	0.096787	3,115,985	301,587
54.00	Radiology-Diagnostic	15,574,259	175,289,132	0.088849	13,257,087	1,177,879
55.00	Radiology-Therapeutic	2,738,292	11,223,410	0.243980	79,587	19,418
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	17,630,712	200,717,345	0.087839	30,270,704	2,658,934
61.00	PBP Clinical Lab 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	8,191,424	69,469,258	0.117914	20,298,954	2,393,538
66.00	Physical Therapy	3,824,728	22,783,279	0.167874	721,597	121,138
67.00	Occupational Therapy	3,146,807	12,235,201	0.257193	757,629	194,857
68.00	Speech Pathology	978,146	4,182,636	0.233859	450,510	105,356
69.00	Electrocardiology	7,018,928	119,507,858	0.058732	8,195,521	481,339
70.00	Electroencephalography	205,047	938,580	0.218465	213,456	46,633
71.00	Medical Supplies Charged to Patients	7,182,377	64,528,671	0.111305	3,575,199	397,938
72.00	Implantable Devices Charged to Patients	19,029,586	65,065,819	0.292467	6,200,867	1,813,547
73.00	Drugs Charged to Patients	16,794,905	148,495,401	0.113101	26,816,874	3,033,002
74.00	Renal Dialysis	2,378,762	7,710,604	0.308505	1,442,698	445,080
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Gastrointestinal Laboratory	2,141,611	33,722,857	0.063506	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	2,229,268	3,662,808	0.608623	0	0
91.00	Emergency	15,916,660	130,822,099	0.121666	4,391,606	534,311
92.00	Observation Beds	0	0	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	\$ 162,753,754	\$ 1,309,598,406		\$ 158,929,939	\$ 20,097,438

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1215927470

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 39)	AUDITED
50.00	Operating Room	\$ 2,298,262	\$ 19,779,106	\$ 22,077,368
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	17,066,978	(2,681)	17,064,297
53.00	Anesthesiology	2,651,137	464,848	3,115,985
54.00	Radiology-Diagnostic	11,635,219	1,621,868	13,257,087
55.00	Radiology-Therapeutic	712,296	(632,709)	79,587
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	47,626,943	(17,356,239)	30,270,704
61.00	PBP Clinical Lab 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	18,123,167	2,175,787	20,298,954
66.00	Physical Therapy	630,490	91,107	721,597
67.00	Occupational Therapy	1,697,439	(939,810)	757,629
68.00	Speech Pathology	395,661	54,849	450,510
69.00	Electrocardiology	7,639,520	556,001	8,195,521
70.00	Electroencephalography	195,290	18,166	213,456
71.00	Medical Supplies Charged to Patients	9,019,609	(5,444,410)	3,575,199
72.00	Implantable Devices Charged to Patients	0	6,200,867	6,200,867
73.00	Drugs Charged to Patients	24,376,432	2,440,442	26,816,874
74.00	Renal Dialysis	1,275,365	167,333	1,442,698
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Gastrointestinal Laboratory	0	0	0
77.00		0	0	0
78.00		0	0	0
79.00		0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
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	5,063,817	(672,211)	4,391,606
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 150,407,625	\$ 8,522,314	\$ 158,929,939

(To Contract Sch 5)

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

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1942281936

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 16,843	\$ 253,674	\$ 236,831
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 5,580,890	\$ 5,448,774	\$ (132,116)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 5,597,733	\$ 5,702,448	\$ 104,715
4. Total Distinct Part Patient Days (Adj 22)	7,134	7,139	5
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 784.66	\$ 798.77	\$ 14.11
DPNF OVERPAYMENTS AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj 48)	\$ 0	\$ (667)	\$ (667)
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (667)	\$ (667)
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Licensed Distinct Part Beds (C/R, W/S S-3)	27	27	0
10. Total Licensed Capacity (All levels) (Adj)	353	353	0
11. Total Medi-Cal DP Patient Days (Adj 42)	182	832	650
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 347,856	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 347,856	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 2,114,689	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,021,548	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 3,136,237	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1942281936

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 2,804,476	\$ 2,804,805	\$ 329
1.00	Capital Related Costs-Buildings and Fixtures	176,781	170,420	(6,361)
2.00	Capital Related Costs-Movable Equipment	19,933	23,121	3,188
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	40,505	66,864	26,359
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.10	Nonpatient Phones	15,244	15,791	547
5.20		0	0	0
5.30	Purchasing, Receiving and Stores	4,098	4,290	192
5.40	Admitting	24,499	24,729	230
5.50	Cashiering and A/R	29,370	29,705	335
5.60	Other Administrative and General	592,620	450,348	(142,272)
6.00	Maintenance and Repairs	387,543	230,872	(156,671)
7.00	Operation of Plant	287,830	241,413	(46,417)
8.00	Laundry and Linen Service	67,714	64,563	(3,151)
9.00	Housekeeping	290,613	274,105	(16,508)
10.00	Dietary	0	157,790	157,790
11.00	Cafeteria	98,332	78,055	(20,277)
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	204,569	212,518	7,949
14.00	Central Services and Supply	0	0	0
15.00	Pharmacy	105	105	(0)
16.00	Medical Records & Library	32,516	31,545	(971)
17.00	Social Service	49,683	47,948	(1,735)
18.00	Rehab Admin	454,459	519,787	65,328
18.10	Psychiatric Admin	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Srvs-Salary & Fringes(Approved)	0	0	0
22.00	Intern & Res. Other Prog Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.02		0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 5,580,890	\$ 5,448,774	\$ (132,116)

(To DPNF Sch 1)

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

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1942281936

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 170,420	\$ N/A
2.00	Capital Related Costs-Movable Equipment	23,121	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	1,938	64,926
5.01		0	0
5.02		0	0
5.03		0	0
5.10	Nonpatient Phones	718	9,711
5.20		0	0
5.30	Purchasing, Receiving and Stores	173	1,991
5.40	Admitting	611	18,986
5.50	Cashiering and A/R	857	11,535
5.60	Other Administrative and General	9,999	143,508
6.00	Maintenance and Repairs	36,000	60,928
7.00	Operation of Plant	61,873	33,993
8.00	Laundry and Linen Service	1,487	7,283
9.00	Housekeeping	9,394	13,527
10.00	Dietary	17,961	96,863
11.00	Cafeteria	4,384	24,652
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	2,069	130,948
14.00	Central Services and Supply	0	0
15.00	Pharmacy	3	67
16.00	Medical Records & Library	1,576	14,821
17.00	Social Service	240	32,797
18.00	Rehab Admin	5,033	355,013
18.10	Psychiatric Admin	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	0	0
21.00	Intern & Res. Srvs-Salary & Fringes(Approved)	0	0
22.00	Intern & Res. Other Prog Costs (Approved)	0	0
23.00	Paramedical Ed. Program (specify)	0	0
23.02		0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 347,856	\$ 1,021,548

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

(To DPNF SCH 1)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

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	ALLOC COST 5.03	PATIENT PHONES 5.10	ALLOC COST 5.20	PURCHASE/ RECEIVE/ STORE 5.30	ADMITTING 5.40	CASHIER 5.50	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.60
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	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	1,552	0	0	0	0	0	112	0	0	7,442,955	1,067,585
192.01 Marketing	0	41,620	0	0	0	0	0	6,606	0	0	12,658,269	1,815,647
192.02 Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
192.03 Employee Housing	0	0	0	0	0	0	0	0	0	0	1,660,196	238,131
192.06 Patient Transportation	0	0	0	0	0	0	0	72	0	0	258,917	37,138
194.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	3,940,370	0	0	0	871,648	0	1,961,145	4,171,648	5,011,137	300,859,299	37,740,598

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
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	0	0	0	0	383,700	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
192.01 Marketing	99,443	103,983	0	0	0	38,695	0	0	0	53	0	0
192.02 Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
192.03 Employee Housing	0	0	0	0	0	0	0	0	0	0	0	0
192.06 Patient Transportation	69,916	73,109	0	0	0	0	0	0	0	0	0	0
194.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>11,436,685</u>	<u>9,436,481</u>	<u>1,559,357</u>	<u>3,990,471</u>	<u>4,209,935</u>	<u>3,148,312</u>	<u>0</u>	<u>8,018,802</u>	<u>2,232,562</u>	<u>5,695,418</u>	<u>5,321,430</u>	<u>698,034</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:

Fiscal Period Ended:

WHITE MEMORIAL MEDICAL CENTER

DECEMBER 31, 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 18.10	SCHOOL 19.00	SAL & BENEFITS 20.00	PROGRAM 21.00	EDUCATION PROGRAM 22.00				STEP-DOWN ADJUSTMENT (Adjs 7, 12) 25.00	
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	383,700	0	383,700
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	8,510,540	0	8,510,540
192.01 Marketing	0	0	0	0	0	0	0	0	14,716,090	0	14,716,090
192.02 Nursing School	0	0	0	0	0	0	0	0	0	0	0
192.03 Employee Housing	0	0	0	0	0	0	0	0	1,898,327	0	1,898,327
192.06 Patient Transportation	0	0	0	0	0	0	0	0	439,080	0	439,080
194.00	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>1,479,070</u>	<u>186,302</u>	<u>0</u>	<u>0</u>	<u>5,190,287</u>	<u>8,415,970</u>	<u>0</u>	<u>0</u>	<u>300,859,299</u>	<u>0</u>	<u>300,859,299</u>

Provider Name:

Fiscal Period Ended:

WHITE MEMORIAL MEDICAL CENTER

DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES)	STAT 5.01 (Adj) (Adj)	STAT 5.02 (Adj) (Adj)	STAT 5.03 (Adj) (Adj)	NON-PT PHONES (# OF PHONES) 5.10 (Adj) (Adj)	STAT 5.20 (Adj) (Adj)	PURC RECV STOR (COST OF SUPPLIES) 5.30 (Adj 14) (Adj)	ADMITTING (GROSS REVENUE) 5.40 (Adj) (Adj)	CASHIERING & A/R (GROSS REVENUE) 5.50 (Adj) (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.60	MANT & REPAIRS (SQ FT) 6.00 (Adj) (Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01												
5.02												
5.03												
5.10	Nonpatient Phones	520,086										
5.20												
5.30	Purchasing, Receiving and Stores	881,061			4							
5.40	Admitting	3,090,228			34		69,744					
5.50	Cashiering and A/R	1,859,512			59		35,828					
5.60	Other Administrative and General	11,554,591			205		955,008					
6.00	Maintenance and Repairs	2,443,578			43		1,172,410			10,002,036		
7.00	Operation of Plant	395,887					181,487			6,143,110		107,921
8.00	Laundry and Linen Service	94,796			2		370,378			1,319,880		1,097
9.00	Housekeeping				7		63,003			3,311,378		4,461
10.00	Dietary	2,175,870			15		2,428,169			3,017,086		16,409
11.00	Cafeteria									1,429,921		
12.00	Maintenance of Personnel									0		
13.00	Nursing Administration	4,446,147			10		74,527			6,883,397		1,690
14.00	Central Services and Supply	682,175			10		192,114			1,650,087		6,275
15.00	Pharmacy	3,238,041			20		117,168			4,741,711		4,062
16.00	Medical Records & Library	2,117,540			37		54,809			4,236,961		8,667
17.00	Social Service	427,160			11		791			598,025		0
18.00	Rehab Admin	873,766			6		8,709			1,143,222		0
18.10	Psychiatric Admin				6		9,127			111,986		1,274
19.00	Nonphysician Anesthetists									0		
20.00	Nursing School									0		
21.00	Intern & Res. Srvs-Salary & Fringes(Approved)	3,523,124					21,533			4,539,203		
22.00	Intern & Res. Other Prog Costs (Approved)	535,484			10		69,716			6,709,264		15,507
23.00	Paramedical Ed. Program (specify)									0		
23.02										0		
INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	27,153,396			105		1,524,083	346,244,913	346,244,913	40,878,742		113,484
31.00	Intensive Care Unit	8,468,942			19		690,186	91,549,396	91,549,396	12,858,849		19,655
32.00	Coronary Care Unit									0		
33.00	Burn Intensive Care Unit									0		
34.00	Surgical Intensive Care Unit									0		
35.00	Pediatric Intensive Care Unit	754,607			9		38,389	6,230,185	6,230,185	1,187,435		2,281
35.10	Neonatal Intensive Care Unit	5,271,761			16		319,984	54,803,756	54,803,756	7,767,769		14,336
41.00	Subprovider - IRF	1,553,529			16		54,242	9,190,078	9,190,078	2,291,467		9,760
42.00	Subprovider (specify)									0		
43.00	Nursery	880,125			4		39,425	14,010,337	14,010,337	1,316,675		1,076
44.00	Skilled Nursing Facility	2,114,689			20		108,386	10,922,312	10,922,312	3,139,725		10,329
45.00	Nursing Facility									0		
46.00	Other Long Term Care									0		
47.00										0		

Provider Name:

Fiscal Period Ended:

WHITE MEMORIAL MEDICAL CENTER

DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES)	STAT 5.01 (Adj) (Adj)	STAT 5.02 (Adj) (Adj)	STAT 5.03 (Adj) (Adj)	NON-PT PHONES (# OF PHONES)	5.10 (Adj) (Adj)	5.20 (Adj) (Adj)	PURC RECV STOR (COST OF SUPPLIES)	5.30 (Adj 14) (Adj)	ADMITTING (GROSS REVENUE)	5.40 (Adj) (Adj)	CASHIERING & A/R (GROSS REVENUE)	5.50 (Adj) (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST)	5.60	MANT & REPAIRS (SQ FT)	6.00 (Adj) (Adj)
ANCILLARY COST CENTERS																		
50.00	Operating Room	6,331,628			43			4,655,151		127,578,229		127,578,229			16,271,692		45,765	
51.00	Recovery Room														0		0	
52.00	Delivery Room and Labor Room	4,394,398			17			892,081		91,354,116		91,354,116			7,537,566		24,436	
53.00	Anesthesiology				17			399,473		20,311,103		20,311,103			1,455,491		5,313	
54.00	Radiology-Diagnostic	4,408,024			55			773,989		175,289,132		175,289,132			10,685,329		11,163	
55.00	Radiology-Therapeutic	872,539			31			35,867		11,223,410		11,223,410			1,872,318		10,743	
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	5,648,894			84			4,400,267		200,717,345		200,717,345			14,030,062		15,363	
61.00	PBP Clinical Lab 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	4,248,226			30			194,401		69,469,258		69,469,258			6,402,283		3,530	
66.00	Physical Therapy	1,413,841			11			10,906		22,783,279		22,783,279			2,376,542		15,102	
67.00	Occupational Therapy	1,547,969			15			31,591		12,235,201		12,235,201			2,222,578		4,207	
68.00	Speech Pathology	557,251			11			3,798		4,182,636		4,182,636			761,636			
69.00	Electrocardiology	2,076,226			24			554,004		119,507,858		119,507,858			5,290,106		5,088	
70.00	Electroencephalography	79,808			9			2,331		938,580		938,580			153,548		526	
71.00	Medical Supplies Charged to Patients							4,910,033		64,528,671		64,528,671			5,441,338		819	
72.00	Implantable Devices Charged to Patients							14,181,282		65,065,819		65,065,819			15,098,515		1,686	
73.00	Drugs Charged to Patients							8,320,865		148,495,401		148,495,401			9,388,258			
74.00	Renal Dialysis				19					7,710,604		7,710,604			2,052,371		213	
75.00	ASC (Non-Distinct Part)														0			
76.00	Gastrointestinal Laboratory	587,913			4			337,966		33,722,857		33,722,857			1,657,473		890	
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	934,580			31			162,228		3,662,808		3,662,808			1,880,185		580	
91.00	Emergency	5,098,644			35			905,297		130,822,099		130,822,099			11,243,143		20,382	
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			
NONREIMBURSABLE COST CENTERS																		
94.00	Home Program Dialysis														0			
95.00	Ambulance Services														0			
96.00	Durable Medical Equipment-Rented														0			
97.00	Durable Medical Equipment-Sold														0			
98.00	Other Reimbursable (specify)														0			
99.00	Outpatient Rehabilitation Provider (specify)														0			
100.00	Intern-Resident Svcs (not appvd. tchnng. prgm.)														0			
101.00	Home Health Agency														0			

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES)	STAT 5.01 (Adj) (Adj)	STAT 5.02 (Adj) (Adj)	STAT 5.03 (Adj) (Adj)	NON-PT PHONES (# OF PHONES)	STAT 5.10 (Adj) (Adj)	STAT 5.20 (Adj) (Adj)	PURC RECV STOR (COST OF SUPPLIES)	ADMITTING (GROSS REVENUE)	CASHIERING & A/R (GROSS REVENUE)	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)
	4.00 (Adj) (Adj)	5.01 (Adj) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	5.10 (Adj) (Adj)	5.20 (Adj) (Adj)	5.30 (Adj 14) (Adj)	5.40 (Adj) (Adj)	5.50 (Adj) (Adj)			5.60	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 (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	49,096						2,831					7,442,955	
192.01 Marketing	1,316,298						166,889					12,658,269	4,449
192.02 Nursing School												0	
192.03 Employee Housing												1,660,196	
192.06 Patient Transportation							1,814					258,917	3,128
194.00												0	
TOTAL	124,621,430	0	0	0	1,104	0	49,542,280	1,842,549,383	1,842,549,383			263,118,701	511,667
COST TO BE ALLOCATED	3,940,370	0	0	0	871,648	0	1,961,145	4,171,648	5,011,137			37,740,598	11,436,685
UNIT COST MULTIPLIER - SCH 8	0.031619	0.000000	0.000000	0.000000	789.536322	0.000000	0.039585	0.002264	0.002720			0.143436	22.351812

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:

Fiscal Period Ended:

WHITE MEMORIAL MEDICAL CENTER

DECEMBER 31, 2012

	OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj 15) (Adj)	HOUSE- KEEPING (PT DAYS) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj 16) (Adj)	CAFETERIA (PROD FTE'S) 11.00 (Adj 17) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj 18) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj) (Adj)	SOC SERV (PT DAYS) 17.00 (Adj) (Adj)	REHAB ADMIN (FTE'S) 18.00 (Adj 19) (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												
5.10	Nonpatient Phones											
5.20												
5.30	Purchasing, Receiving and Stores											
5.40	Admitting											
5.50	Cashiering and A/R											
5.60	Other Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	Laundry and Linen Service 1,097											
9.00	Housekeeping 4,461 224											
10.00	Dietary 16,409 14,909											
11.00	Cafeteria 196,203											
12.00	Maintenance of Personnel											
13.00	Nursing Administration 1,690 3,268 2,784											
14.00	Central Services and Supply 6,275 29,825 1,592											
15.00	Pharmacy 4,062 3,562											
16.00	Medical Records & Library 8,667 3,262											
17.00	Social Service 0 577											
18.00	Rehab Admin 0 6,969											
18.10	Psychiatric Admin 1,274											
19.00	Nonphysician Anesthetists											
20.00	Nursing School											
21.00	Intern & Res. Srvs-Salary & Fringes(Approved)											
22.00	Intern & Res. Other Prog Costs (Approved) 15,507 20,325 890											
23.00	Paramedical Ed. Program (specify)											
23.02												
INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine) 113,484 975,406 66,027 233,746 35,802 471,636 3,799 346,244,913 66,027											
31.00	Intensive Care Unit 19,655 200,118 10,949 20,727 10,209 144,243 677 91,549,396 10,949											
32.00	Coronary Care Unit											
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Pediatric Intensive Care Unit 2,281 13,784 642 1,419 789 14,173 125 6,230,185 642											
35.10	Neonatal Intensive Care Unit 14,336 38,339 7,422 5,609 89,427 838 54,803,756 7,422											
41.00	Subprovider - IRF 9,760 77,057 4,411 13,407 2,038 23,286 112 9,190,078 4,411 1,779											
42.00	Subprovider (specify)											
43.00	Nursery 1,076 23,160 7,273 257 5,353 14,010,337 7,273											
44.00	Skilled Nursing Facility 10,329 98,184 7,134 20,458 3,165 27,198 128 10,922,312 7,134 2,842											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:

Fiscal Period Ended:

WHITE MEMORIAL MEDICAL CENTER

DECEMBER 31, 2012

	OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj 15) (Adj)	HOUSE- KEEPING (PT DAYS) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj 16) (Adj)	CAFETERIA (PROD FTE'S) 11.00 (Adj 17) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj 18) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj) (Adj)	SOC SERV (PT DAYS) 17.00 (Adj) (Adj)	REHAB ADMIN (FTE'S) 18.00 (Adj 19) (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			49,748									
191.00	Research												
192.00	Physicians' Private Offices												
192.01	Marketing	4,449			1,569				65				
192.02	Nursing School												
192.03	Employee Housing												
192.06	Patient Transportation	3,128											
194.00													
	TOTAL	403,746	2,371,371	103,858	545,832	127,659	0	1,026,244	100	6,960,665	1,842,549,383	103,858	8,087
	COST TO BE ALLOCATED	9,436,481	1,559,357	3,990,471	4,209,935	3,148,312	0	8,018,802	2,232,562	5,695,418	5,321,431	698,034	1,479,070
	UNIT COST MULTIPLIER - SCH 8	23.372321	0.657576	38.422371	7.712876	24.661889	0.000000	7.813739	22325.615827	0.818229	0.002888	6.721038	182.894751

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

	PSYCH ADMIN (FTE'S)	NURSING SCHOOL	STAT	I&R SVC&SAL (ASG TIME)	I&R PROG COSTS (ASG TIME)	STAT	STAT
	18.10	19.00	20.00	21.00	22.00	23.00	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							
5.10	Nonpatient Phones						
5.20							
5.30	Purchasing, Receiving and Stores						
5.40	Admitting						
5.50	Cashiering and A/R						
5.60	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	Rehab Admin						
18.10	Psychiatric Admin						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Srvs-Salary & Fringes(Approved)						
22.00	Intern & Res. Other Prog Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.02							
INPATIENT ROUTINE COST CENTERS							
30.00	Adults & Pediatrics (Gen Routine)	3,921		28,073	28,073		
31.00	Intensive Care Unit			8,673	8,673		
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Pediatric Intensive Care Unit			4,147	4,147		
35.10	Neonatal Intensive Care Unit			5,752	5,752		
41.00	Subprovider - IRF						
42.00	Subprovider (specify)						
43.00	Nursery			1,719	1,719		
44.00	Skilled Nursing Facility						
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

	PSYCH ADMIN (FTE'S)	NURSING SCHOOL	STAT	I&R SVC&SAL (ASG TIME)	I&R PROG COSTS (ASG TIME)	STAT	STAT
	18.10 (Adj) (Adj)	19.00 (Adj) (Adj)	20.00 (Adj) (Adj)	21.00 (Adj) (Adj)	22.00 (Adj) (Adj)	23.00 (Adj) (Adj)	23.02 (Adj) (Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room			6,942	6,942		
51.00	Recovery Room						
52.00	Delivery Room and Labor Room			13,792	13,792		
53.00	Anesthesiology						
54.00	Radiology-Diagnostic			14,758	14,758		
55.00	Radiology-Therapeutic			147	147		
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory			74	74		
61.00	PBP Clinical Lab 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			2,625	2,625		
66.00	Physical Therapy			62	62		
67.00	Occupational Therapy			407	407		
68.00	Speech Pathology						
69.00	Electrocardiology			1,865	1,865		
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	Gastrointestinal Laboratory						
77.00							
78.00							
79.00							
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency			4,704	4,704		
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
NONREIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable (specify)						
99.00	Outpatient Rehabilitation Provider (specify)						
100.00	Intern-Resident Svcs (not appvd. tchnlg. prgm.)						
101.00	Home Health Agency						

Provider Name:
 WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
 DECEMBER 31, 2012

	PSYCH ADMIN (FTE'S)	NURSING SCHOOL	STAT	I&R SVC&SAL (ASG TIME)	I&R PROG COSTS (ASG TIME)	STAT	STAT
	18.10	19.00	20.00	21.00	22.00	23.00	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						
192.01	Marketing						
192.02	Nursing School						
192.03	Employee Housing						
192.06	Patient Transportation						
194.00							
TOTAL	3,921	0	0	93,740	93,740	0	0
COST TO BE ALLOCATED	186,302	0	0	5,190,287	8,415,970	0	0
UNIT COST MULTIPLIER - SCH 8	47.513802	0.000000	0.000000	55.368962	89.779921	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 11,529,804	\$ (414,847)	\$ 11,114,957
2.00	Capital Related Costs-Movable Equipment	1,300,023	207,924	1,507,947
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	2,270,927	1,555,256	3,826,183
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.10	Nonpatient Phones	791,721	24,321	816,042
5.20		0	0	0
5.30	Purchasing, Receiving and Stores	1,773,645	78,161	1,851,806
5.40	Admitting	3,943,967	1,526	3,945,493
5.50	Cashiering and A/R	4,729,266	34,449	4,763,715
5.60	Other Administrative and General	48,784,365	(12,427,265)	36,357,100
6.00	Maintenance and Repairs	14,230,733	(6,132,161)	8,098,572
7.00	Operation of Plant	3,980,776	120,449	4,101,225
8.00	Laundry and Linen Service	1,275,798	4,289	1,280,087
9.00	Housekeeping	3,216,666	3,103	3,219,769
10.00	Dietary	2,532,467	392	2,532,859
11.00	Cafeteria	1,429,921	0	1,429,921
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	6,211,880	488,423	6,700,303
14.00	Central Services and Supply	1,468,843	26,596	1,495,439
15.00	Pharmacy	4,326,916	215,871	4,542,787
16.00	Medical Records & Library	3,800,794	175,432	3,976,226
17.00	Social Service	575,803	0	575,803
18.00	Rehab Admin	1,099,855	10,658	1,110,513
18.10	Psychiatric Admin	83,016	0	83,016
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Svcs-Salary & Fringes(Approved)	4,418,096	8,858	4,426,954
22.00	Intern & Res. Other Prog Costs (Approved)	6,352,285	38,828	6,391,113
23.00	Paramedical Ed. Program (specify)	0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	36,046,486	(21,548)	36,024,938
31.00	Intensive Care Unit	11,723,383	820	11,724,203
32.00	Coronary Care Unit	0	0	0
33.00	Burn Intensive Care Unit	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0
35.00	Pediatric Intensive Care Unit	1,080,990	170	1,081,160
35.10	Neonatal Intensive Care Unit	7,034,033	0	7,034,033
41.00	Subprovider - IRF	1,998,716	170	1,998,886
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	1,209,276	(15,134)	1,194,142
44.00	Skilled Nursing Facility	2,804,476	329	2,804,805
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:
WHITE MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 14,210,403	\$ 149,521	\$ 14,359,924
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	6,435,123	1,605	6,436,728
53.00	Anesthesiology	1,225,477	0	1,225,477
54.00	Radiology-Diagnostic	8,901,199	487,927	9,389,126
55.00	Radiology-Therapeutic	1,465,712	95,889	1,561,601
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	11,816,911	505,844	12,322,755
61.00	PBP Clinical Lab 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	5,822,755	1,463	5,824,218
66.00	Physical Therapy	1,845,804	80,396	1,926,200
67.00	Occupational Therapy	2,020,588	145	2,020,733
68.00	Speech Pathology	714,336	0	714,336
69.00	Electrocardiology	4,403,064	89,582	4,492,646
70.00	Electroencephalography	129,293	0	129,293
71.00	Medical Supplies Charged to Patients	4,910,033	0	4,910,033
72.00	Implantable Devices Charged to Patients	14,181,282	0	14,181,282
73.00	Drugs Charged to Patients	8,318,812	0	8,318,812
74.00	Renal Dialysis	1,994,951	0	1,994,951
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Gastrointestinal Laboratory	1,468,961	(31,356)	1,437,605
77.00		0	0	0
78.00		0	0	0
79.00		0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	1,377,604	413,011	1,790,615
91.00	Emergency	9,883,726	100,841	9,984,567
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
	SUBTOTAL	\$ 293,150,961	\$ (14,120,062)	\$ 279,030,899
	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:
WHITE MEMORIAL MEDICAL CENTER

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 Srvs (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	6,057,554	1,383,737	7,441,291
192.01	Marketing	12,472,232	54,447	12,526,679
192.02	Nursing School	0	0	0
192.03	Employee Housing	1,114,212	545,984	1,660,196
192.06	Patient Transportation	200,064	170	200,234
194.00		0	0	0
	SUBTOTAL	\$ 19,844,062	\$ 1,984,338	\$ 21,828,400
200	TOTAL	\$ 312,995,023	\$ (12,135,724)	\$ 300,859,299

(To Schedule 8)

Provider Name:

Fiscal Period Ended:

WHITE MEMORIAL MEDICAL CENTER

DECEMBER 31, 2012

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 13	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	1,383,737					389,410	994,327						
192.01 Marketing	54,447						54,447						
192.02 Nursing School	0												
192.03 Employee Housing	545,984						545,984						
192.06 Patient Transportation	170						170						
194.00	0												
200.00 TOTAL	<u>(\$12,135,724)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(14,831,623)</u>	<u>485,102</u>	<u>382,541</u>	<u>1,881,706</u>	<u>(53,450)</u>	<u>0</u>

(To Sch 10)

Provider Name							Fiscal Period	Provider NPI	Adjustments	
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1215927470	48	
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>RECLASSIFICATIONS OF REPORTED COSTS</u>										
1	10A	A			1.00	7	Capital Related Costs - Building and Fixtures	\$11,529,804	\$1,343	\$11,531,147 *
	10A	A			7.00	7	Operation of Plant To reclassify property taxes to the capital related cost center. 42 CFR 413.5, 413.20, and 413.24 CMS Pub. 15-1, Sections 2300, 2306, 2307, and 2338B CMS Pub. 15-2, Section 2408	3,980,776	(1,343)	3,979,433 *
2	10A	A			2.00	7	Capital Related Costs - Movable Equipment	\$1,300,023	\$58,022	\$1,358,045 *
	10A	A			5.10	7	Nonpatient Phones To correct the cost report worksheet A-8 elimination of patient telephone expense so that the expense is eliminated from the cost center where the expense was reported. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	791,721	(58,022)	733,699 *
3	10A	A			2.00	7	Capital Related Costs - Movable Equipment	* \$1,358,045	\$90,729	\$1,448,774 *
	10A	A			6.00	7	Maintenance and Repairs To correct the cost report worksheet A-8 elimination of patient television expense so that the expense is eliminated from the cost center where the expense was reported. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	14,230,733	(90,729)	14,140,004 *
4	10A	A			66.00	7	Physical Therapy	\$1,845,804	\$80,396	\$1,926,200
	10A	A			76.00	7	Gastrointestinal Laboratory To reverse the provider's reclassification of rehabilitation medical services for proper cost determination. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306	1,468,961	(80,396)	1,388,565 *
5	10A	A			192.00	7	Physicians' Private Offices	\$6,057,554	\$389,410	\$6,446,964 *
	10A	A			1.00	7	Capital Related Costs - Building and Fixtures To reclassify depreciation expense related to a nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2328	* 11,531,147	(389,410)	11,141,737 *

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1215927470		48
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>RECLASSIFICATIONS OF REPORTED COSTS</u>											
6	10A	A		4.00	7	Employee Benefits	\$2,270,927	\$68,107	\$2,339,034	*	
	10A	A		5.10	7	Nonpatient Phones	* 733,699	95,558	829,257	*	
	10A	A		5.30	7	Purchasing, Receiving, and Stores	1,773,645	78,161	1,851,806		
	10A	A		5.40	7	Admitting	3,943,967	1,526	3,945,493		
	10A	A		5.50	7	Cashiering and A/R	4,729,266	89,080	4,818,346	*	
	10A	A		5.60	7	Other Administrative and General	48,784,365	779,877	49,564,242	*	
	10A	A		7.00	7	Operation of Plant	* 3,979,433	121,792	4,101,225		
	10A	A		8.00	7	Laundry and Linen Service	1,275,798	4,289	1,280,087		
	10A	A		9.00	7	Housekeeping	3,216,666	3,103	3,219,769		
	10A	A		10.00	7	Dietary	2,532,467	392	2,532,859		
	10A	A		13.00	7	Nursing Administration	6,211,880	488,423	6,700,303		
	10A	A		14.00	7	Central Services and Supply	1,468,843	26,596	1,495,439		
	10A	A		15.00	7	Pharmacy	4,326,916	215,871	4,542,787		
	10A	A		16.00	7	Medical Records and Library	3,800,794	175,432	3,976,226		
	10A	A		18.00	7	Rehab Admin	1,099,855	10,658	1,110,513		
	10A	A		21.00	7	I&R Services-Salary and Fringes	4,418,096	8,858	4,426,954		
	10A	A		22.00	7	I&R Services-Other Program Costs	6,352,285	38,828	6,391,113		
	10A	A		30.00	7	Adults and Pediatrics	36,046,486	16,576	36,063,062	*	
	10A	A		31.00	7	Intensive Care Unit	11,723,383	820	11,724,203		
	10A	A		35.00	7	PICU	1,080,990	170	1,081,160		
	10A	A		41.00	7	Subprovider-IRF	1,998,716	170	1,998,886		
	10A	A		43.00	7	Nursery	1,209,276	679	1,209,955	*	
	10A	A		44.00	7	Skilled Nursing Facility	2,804,476	329	2,804,805		
	10A	A		50.00	7	Operating Room	14,210,403	149,521	14,359,924		
	10A	A		52.00	7	Delivery Room and Labor Room	6,435,123	1,605	6,436,728		
	10A	A		54.00	7	Radiology-Diagnostic	8,901,199	511,377	9,412,576	*	
	10A	A		55.00	7	Radiology-Therapeutic	1,465,712	95,889	1,561,601		
	10A	A		60.00	7	Laboratory	11,816,911	20,742	11,837,653	*	
	10A	A		65.00	7	Respiratory Therapy	5,822,755	1,463	5,824,218		
	10A	A		67.00	7	Occupational Therapy	2,020,588	145	2,020,733		
	10A	A		69.00	7	Electrocardiology	4,403,064	64,024	4,467,088	*	
	10A	A		76.00	7	Gastrointestinal Laboratory	* 1,388,565	49,040	1,437,605		

-Continued on the next page-

Provider Name							Fiscal Period		Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1215927470		48
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>RECLASSIFICATIONS OF REPORTED COSTS</u>											
-Continued from the previous page-											
	10A	A			90.00	7	Clinic	\$1,377,604	\$2,091	\$1,379,695 *	
	10A	A			91.00	7	Emergency	9,883,726	100,841	9,984,567	
	10A	A			192.00	7	Physicians' Private Offices	* 6,446,964	994,327	7,441,291	
	10A	A			192.01	7	Marketing	12,472,232	54,447	12,526,679	
	10A	A			192.03	7	Employee Housing	1,114,212	545,984	1,660,196	
	10A	A			192.06	7	Patient Transportation	200,064	170	200,234	
	10A	A			6.00	7	Maintenance and Repairs	* 14,140,004	(4,816,961)	9,323,043 *	
							To reverse the provider's reclassification of repairs and maintenance expense to directly assign the expense. 42 CFR 413.24 / CMS Pub. 15-1, Section 2307A				
7	8.3	B	I		30.00	26	Adults and Pediatrics	\$67,188,452	\$4,003,832	\$71,192,284	
	8.3	B	I		41.00	26	Subprovider - IRF	4,003,832	(4,003,832)	0	
							To reclassify post step-down costs for Subprovider (Rehabilitation) to Adults and Pediatrics since the unit did not qualify as a separate level of care. 42 CFR 413.24 and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2336.1				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1215927470		48
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 COSTS</u>											
8	10A	A			5.60	7	Other Administrative and General To eliminate nonallowable settlement, legal, and administrative fees based on the provider's workpaper. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, and 2304	*	\$49,564,242	(\$14,831,623)	\$34,732,619 *
9	10A	A			60.00	7	Laboratory To add-back laboratory costs that were mistakenly eliminated twice by the provider. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$11,837,653	\$485,102	\$12,322,755
10	10A	A			30.00	7	Adults and Pediatrics	*	\$36,063,062	(\$38,124)	\$36,024,938
	10A	A			43.00	7	Nursery	*	1,209,955	(15,813)	1,194,142
	10A	A			69.00	7	Electrocardiology	*	4,467,088	25,558	4,492,646
	10A	A			90.00	7	Clinic To adjust hospital-based-physician compensation based on the provider's workpaper, trial balance, and reasonable compensation equivalent limitations. 42 CFR 413.20, 413.24, 413.5, and 413.9 CMS Pub. 15-1, Sections 2300, 2304, and 2182.6C	*	1,379,695	410,920	1,790,615
11	10A	A			1.00	7	Old Capital Related Costs - Building and Fixture	*	\$11,141,737	(\$26,780)	\$11,114,957
	10A	A			2.00	7	Old Capital Related Costs - Movable Equipment	*	1,448,774	59,173	1,507,947
	10A	A			4.00	7	Employee Benefits	*	2,339,034	1,487,149	3,826,183
	10A	A			5.10	7	Nonpatient Phones	*	829,257	(13,215)	816,042
	10A	A			5.50	7	Cashiering and A/R	*	4,818,346	(54,631)	4,763,715
	10A	A			5.60	7	Other Administrative and General	*	34,732,619	1,654,481	36,387,100 *
	10A	A			6.00	7	Maintenance and Repairs To adjust reported home office costs to agree with the filed home office cost report for fiscal year ended December 31, 2012. 42 CFR 413.17, 413.20 and 413.24 CMS Pub. 15-1, Sections 1000, 2150.2, 2300, and 2304	*	9,323,043	(1,224,471)	8,098,572
*Balance carried forward from prior/to subsequent adjustments											

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WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1215927470		48
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 COSTS										
12	8.3	B	I		30.00	25	Adults and Pediatrics	(\$4,293,032)	\$4,293,032	\$0
	8.3	B	I		31.00	25	Intensive Care Unit	(1,326,309)	1,326,309	0
	8.3	B	I		35.00	25	Pediatric Intensive Care Unit	(634,176)	634,176	0
	8.3	B	I		35.10	25	Neonatal Intensive Care Unit	(879,618)	879,618	0
	8.3	B	I		43.00	25	Nursery	(262,877)	262,877	0
	8.3	B	I		50.00	25	Operating Room	(1,061,597)	1,061,597	0
	8.3	B	I		52.00	25	Delivery Room and Labor Room	(2,109,127)	2,109,127	0
	8.3	B	I		54.00	25	Radiology - Diagnostic	(2,256,851)	2,256,851	0
	8.3	B	I		55.00	25	Radiology - Therapeutic	(22,480)	22,480	0
	8.3	B	I		60.00	25	Laboratory	(11,316)	11,316	0
	8.3	B	I		65.00	25	Respiratory Therapy	(401,425)	401,425	0
	8.3	B	I		66.00	25	Physical Therapy	(9,481)	9,481	0
	8.3	B	I		67.00	25	Occupational Therapy	(62,240)	62,240	0
	8.3	B	I		69.00	25	Electrocardiology	(285,203)	285,203	0
	8.3	B	I		91.00	25	Emergency	(719,354)	719,354	0
							To reverse the provider's adjustment of interns and residents expense for proper cost determination. 42 CFR 413.5, 413.20, and 413.24 CMS Pub. 15-1, Sections 2120 and 2304			
13	10A	A			5.60	7	Other Administrative and General	* \$36,387,100	(\$30,000)	\$36,357,100
	10A	A			54.00	7	Radiology - Diagnostic	* 9,412,576	(23,450)	9,389,126
							To abate other revenue against the related cost centers. 42 CFR 413.5 and 413.9 / CMS Pub. 15-1, Section 2328 CMS Pub. 15-2, Section 3613			

Provider Name							Fiscal Period		Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1215927470		48
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 STATISTICS											
14	9	B-1			43.00	5.3	Nursery (Cost of Supplies)	0	39,425	39,425	
	9	B-1			30.00	5.3	Adults and Pediatrics To adjust Purchasing/Receiving statistics to agree with the provider's amended cost report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	1,563,508	(39,425)	1,524,083	
15	9	B-1			43.00	8	Nursery (Pounds-of-Laundry)	0	23,160	23,160	
	9	B-1			30.00	8	Adults and Pediatrics	998,566	(23,160)	975,406	
	9	B-1			31.00	8	Intensive Care Unit	200,566	(448)	200,118	
	9	B-1			8.00	8	Total - Pounds of Laundry To adjust pounds-of-laundry statistics to agree with the provider's workpaper and amended cost report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	2,371,819	(448)	2,371,371	
16	9	B-1			30.00	10	Adults and Pediatrics (Number-of-Meals)	231,570	2,176	233,746	
	9	B-1			31.00	10	Intensive Care Unit	0	20,727	20,727	
	9	B-1			35.00	10	Pediatric Intensive Care Unit	0	1,419	1,419	
	9	B-1			41.00	10	Subprovider	0	13,407	13,407	
	9	B-1			44.00	10	Skilled Nursing Facility	0	20,458	20,458	
	9	B-1			52.00	10	Delivery Room and Labor Room	0	4,238	4,238	
	9	B-1			190.00	10	Gift, Flower, Coffee Shop and Canteen	0	49,748	49,748	
	9	B-1			10.00	10	Total - Number-of-Meals To adjust dietary statistics to agree with the provider's records. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	433,659	112,173	545,832	

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WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1215927470		48
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											
17	9	B-1			13.00	11	Nursing Administration (FTE's)	2,666	118	2,784	
	9	B-1			14.00	11	Central Services and Supply	1,499	93	1,592	
	9	B-1			15.00	11	Pharmacy	3,407	155	3,562	
	9	B-1			16.00	11	Medical Records and Library	3,428	(166)	3,262	
	9	B-1			17.00	11	Social Service	549	28	577	
	9	B-1			18.00	11	Rehab Admin	10	6,959	6,969	
	9	B-1			22.00	11	I&R Srvces - Other Prog Costs Approv	918	(28)	890	
	9	B-1			30.00	11	Adults and Pediatrics	32,679	3,123	35,802	
	9	B-1			31.00	11	Intensive Care Unit	9,964	245	10,209	
	9	B-1			35.00	11	Pediatric Intensive Care Unit	955	(166)	789	
	9	B-1			35.10	11	Neonatal Intensive Care Unit	5,460	149	5,609	
	9	B-1			41.00	11	Subprovider	1,943	95	2,038	
	9	B-1			43.00	11	Nursery	1,085	(828)	257	
	9	B-1			44.00	11	Skilled Nursing Facility	2,967	198	3,165	
	9	B-1			50.00	11	Operating Room	7,195	437	7,632	
	9	B-1			52.00	11	Delivery Room and Labor Room	4,983	191	5,174	
	9	B-1			54.00	11	Radiology - Diagnostic	5,365	258	5,623	
	9	B-1			55.00	11	Radiology - Therapeutic	1,039	(27)	1,012	
	9	B-1			60.00	11	Laboratory	8,271	356	8,627	
	9	B-1			65.00	11	Respiratory Therapy	4,885	265	5,150	
	9	B-1			66.00	11	Physical Therapy	1,705	82	1,787	
	9	B-1			67.00	11	Occupational Therapy	1,512	291	1,803	
	9	B-1			68.00	11	Speech Pathology	590	51	641	
	9	B-1			69.00	11	Electrocardiology	2,058	(9)	2,049	
	9	B-1			76.00	11	Gastrointestinal Laboratory	739	25	764	
	9	B-1			90.00	11	Clinic	849	582	1,431	
	9	B-1			91.00	11	Emergency	6,207	575	6,782	
	9	B-1			192.01	11	Marketing	1,685	(116)	1,569	
	9	B-1			11.00	11	Total - FTE's	114,723	12,936	127,659	
To adjust cafeteria statistics to agree with the provider's workpaper and amended cost report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306											

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WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1215927470		48
Report References							Explanation of Audit Adjustments				
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED STATISTICS											
18	9	B-1			90.00	13	Clinic (Direct Nursing Hours)	3,729	(3,729)	0	
	9	B-1			13.00	13	Total - Direct Nursing Hours	1,029,973	(3,729)	1,026,244	
							To adjust Nursing Administration statistics to agree with the provider's records. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306				
19	9	B-1			41.00	18	Subprovider (FTE's)	1,943	(164)	1,779	
	9	B-1			44.00	18	Skilled Nursing Facility	2,967	(125)	2,842	
	9	B-1			66.00	18	Physical Therapy	1,705	(129)	1,576	
	9	B-1			67.00	18	Occupational Therapy	1,512	(56)	1,456	
	9	B-1			68.00	18	Speech Pathology	590	(156)	434	
	9	B-1			18.00	18	Total - FTE's	8,717	(630)	8,087	
							To adjust Rehab Admin statistics to agree with the provider's workpaper. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306				

Provider Name							Fiscal Period		Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1215927470		48
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 PATIENT DAYS</u>											
20	4, Contract 4	D-1	I	XIX	1.00	1	Adults and Pediatrics (Inpatient Days) - Total	66,027	4,411	70,438 *	
	4, Contract 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days) - Total	66,027	4,411	70,438 *	
	4-1	D-1	I	XIX	1.00	1	Subprovider - IRF (Inpatient Days) - Total	4,411	(4,411)	0	
	4-1	D-1	I	XIX	4.00	1	Subprovider - IRF (Semi-Private Room Days) - Total	4,411	(4,411)	0	
To reclassify the reported Subprovider (Rehabilitation) total patient days to the Adults and Pediatrics cost center in conjunction with adjustment number 7. 42 CFR 413.20 and 413.50 / CMS Pub. 15-1, Section 2336.1											
21	4-2	D-1	I	V	1.00	1	Adults and Pediatrics (Inpatient Days) - Total	66,027	(66,027)	0	
	4-2	D-1	I	V	4.00	1	Adults and Pediatrics (Semi-Private Room Days) - Total	66,027	(66,027)	0	
To remove the reported Subprovider (Psychiatric) total patient days since the unit did not qualify as a separate level of care. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1											
22	4, Contract 4	D-1	I	XIX	1.00	1	Adult and Pediatrics (Inpatient Days) - Total	* 70,438	1,266	71,704	
	4, Contract 4	D-1	I	XIX	4.00	1	Adult and Pediatrics (Semi-Private Room Days) - Total	* 70,438	1,266	71,704	
	4, Contract 4	D-1	II	XIX	42.00	2	Nursery	7,273	2	7,275	
	4, Contract 4	D-1	II	XIX	43.00	2	Intensive Care Unit	10,949	1	10,950	
	4, Contract 4	D-1	II	XIX	47.00	2	Pediatric Intensive Care Unit	642	1	643	
	4, Contract 4	D-1	II	XIX	47.10	2	Neonatal Intensive Care Unit	7,422	2	7,424	
	DPNF 1	D-1	I	XIX	1.00	1	Skilled Nursing Care	7,134	5	7,139	
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											

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1215927470		48
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 TOTAL CHARGES</u>										
23	4, Contract 4	D-1	I	XIX	28.00	1	Adults and Pediatrics (General Inpatient Charges)	\$305,376,086	\$8,068,657	\$313,444,743
	4, Contract 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges)	305,376,086	8,068,657	313,444,743
	4-1	D-1	I	XIX	28.00	1	Subprovider - IRF (General Inpatient Charges) - Total	8,068,657	(8,068,657)	0
	4-1	D-1	I	XIX	30.00	1	Subprovider - IRF (Semi Private Room Charges)	8,068,657	(8,068,657)	0
							To reclassify the reported Subprovider (Rehabilitation) total charges to the Adults and Pediatrics cost center in conjunction with adjustment number 7. 42 CFR 413.20 and 413.50 / CMS Pub. 15-1, Section 2336.1			
24	4-2	D-1	I	V	28.00	1	Adults and Pediatrics (General Inpatient Charges)	\$305,376,086	(\$305,376,086)	\$0
	4-2	D-1	I	V	30.00	1	Adults and Pediatrics (Semi-Private Room Charges)	305,376,086	(305,376,086)	0
							To remove the reported Subprovider (Psychiatric) total charges since the unit did not qualify as a separate level of care. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1			

Provider Name			Fiscal Period				Provider NPI		Adjustments	
WHITE MEMORIAL MEDICAL CENTER			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1215927470		48	
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 MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
25	4A	Not Reported				Medi-Cal Administrative Days (January 1, 2012 to December 31, 2012)	0	364	364	
	4A	Not Reported				Medi-Cal Administrative Day Rate (January 1, 2012 to December 31, 2012)	\$0	\$413.23	\$413.23	
26	6	Not Reported				Medi-Cal Ancillary Charges - Anesthesiology	\$0	\$1,541	\$1,541	
	6	Not Reported				Medi-Cal Ancillary Charges - Radiology - Diagnostic	0	19,792	19,792	
	6	Not Reported				Medi-Cal Ancillary Charges - Laboratory	0	157,218	157,218	
	6	Not Reported				Medi-Cal Ancillary Charges - Physical Therapy	0	32,815	32,815	
	6	Not Reported				Medi-Cal Ancillary Charges - Occupational Therapy	0	31,839	31,839	
	6	Not Reported				Medi-Cal Ancillary Charges - Speech Pathology	0	23,041	23,041	
	6	Not Reported				Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	199,793	199,793	
	6	Not Reported				Medi-Cal Ancillary Charges - Total	0	466,039	466,039	
27	2	Not Reported				Medi-Cal Routine Service Charges	\$0	\$2,131,825	\$2,131,825	
	2	Not Reported				Medi-Cal Ancillary Service Charges	0	466,039	466,039	
28	3	Not Reported				Medi-Cal Coinsurance	\$0	\$94	\$94	
29	1	Not Reported				Medi-Cal Interim Payments	\$0	\$251,737	\$251,737	
<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 September 30, 2013 Report Date: October 22, 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	
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1215927470	48	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - REHABILITATION										
30	4-1	D-1	I	XIX	9.00	1	Medi-Cal Days - Rehabilitation	802	(802)	0
31	6-1	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$1,113	(\$1,113)	\$0
	6-1	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	27,569	(27,569)	0
	6-1	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	82,027	(82,027)	0
	6-1	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	24,507	(24,507)	0
	6-1	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	246,547	(246,547)	0
	6-1	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	272,362	(272,362)	0
	6-1	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	92,803	(92,803)	0
	6-1	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	576	(576)	0
	6-1	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	2,538	(2,538)	0
	6-1	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	191,447	(191,447)	0
	6-1	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	16,471	(16,471)	0
	6-1	D-3		XIX	76.00	2	Medi-Cal Ancillary Charges - Gastrointestinal Laboratory	3,246	(3,246)	0
	6-1	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	961,206	(961,206)	0
32	2-1	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$545,160	(\$545,160)	\$0
	2-1	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	961,206	(961,206)	0
33	1-1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payments	\$463,650	(\$463,650)	\$0
<p>To remove the reported Medi-Cal Subprovider (Rehabilitation) settlement data since the rehabilitation unit did not qualify as a separate level of care. 42 CFR 413.24 and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2336.1</p>										

Provider Name							Fiscal Period	Provider NPI	Adjustments	
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1215927470	48	
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 - PSYCHIATRIC										
34	4-2	D-1	I	V	9.00	1	Medi-Cal Days - Psychiatric	5,025	(5,025)	0
35	6-2	D-3		V	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$1,667	(\$1,667)	\$0
	6-2	D-3		V	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	264,278	(264,278)	0
	6-2	D-3		V	60.00	2	Medi-Cal Ancillary Charges - Laboratory	1,903,341	(1,903,341)	0
	6-2	D-3		V	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	18,309	(18,309)	0
	6-2	D-3		V	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	2,545,412	(2,545,412)	0
	6-2	D-3		V	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	2,409	(2,409)	0
	6-2	D-3		V	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	4,637	(4,637)	0
	6-2	D-3		V	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	2,036	(2,036)	0
	6-2	D-3		V	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	1,173,501	(1,173,501)	0
	6-2	D-3		V	76.00	2	Medi-Cal Ancillary Charges - Gastrointestinal Laboratory	3,473	(3,473)	0
	6-2	D-3		V	91.00	2	Medi-Cal Ancillary Charges - Emergency	1,082,724	(1,082,724)	0
6-2	D-3		V	200.00	2	Medi-Cal Ancillary Charges - Total	7,001,787	(7,001,787)	0	
36	2-2	E-3	VII	V	8.00	1	Medi-Cal Routine Service Charges	\$25,646,946	(\$25,646,946)	\$0
	2-2	E-3	VII	V	9.00	1	Medi-Cal Ancillary Service Charges	7,001,787	(7,001,787)	0
37	1-2	E-3	VII	V	41.00	1	Medi-Cal Interim Payments	\$3,055,200	(\$3,055,200)	\$0
<p>To remove the reported Medi-Cal Subprovider (Psychiatric) settlement data since the psychiatric unit did not qualify as a separate level of care. 42 CFR 413.24 and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2336.1</p>										

Provider Name							Fiscal Period	Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1215927470		48
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
38	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	17,639	(4,581)	13,058
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	3,704	(1)	3,703
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,423	(3)	1,420
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Pediatric Intensive Care Unit	262	6	268
	Contract 4A	D-1	II	XIX	47.10	4	Medi-Cal Days - Neonatal Intensive Care Unit	4,978	286	5,264
39	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$2,298,262	\$19,779,106	\$22,077,368
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	17,066,978	(2,681)	17,064,297
	Contract 6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	2,651,137	464,848	3,115,985
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	11,635,219	1,621,868	13,257,087
	Contract 6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	712,296	(632,709)	79,587
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	47,626,943	(17,356,239)	30,270,704
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	18,123,167	2,175,787	20,298,954
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	630,490	91,107	721,597
	Contract 6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	1,697,439	(939,810)	757,629
	Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	395,661	54,849	450,510
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	7,639,520	556,001	8,195,521
	Contract 6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	195,290	18,166	213,456
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	9,019,609	(5,444,410)	3,575,199
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	0	6,200,867	6,200,867
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	24,376,432	2,440,442	26,816,874
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	1,275,365	167,333	1,442,698
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	5,063,817	(672,211)	4,391,606
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	150,407,625	8,522,314	158,929,939
40	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$148,786,481	(\$8,646,121)	\$140,140,360
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	150,407,625	8,522,314	158,929,939

-Continued on next page-

Provider Name							Fiscal Period		Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1215927470		48
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											
-Continued from previous page-											
41	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	\$0	\$47,563	\$47,563	
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	704,510	80,238	784,748	
<p style="text-align: center;">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 September 30, 2013 Report Date: October 22, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>											

Provider Name							Fiscal Period	Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1215927470		48
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF										
42	DPNF 1	D-1	I	XIX	9.00	1	Medi-Cal Days - Skilled Nursing Facility 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 September 30, 2013 Report Date: October 22, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541	182	650	832
43	DPNF 4	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$6,300	(\$6,300)	\$0
	DPNF 4	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	6,168	(6,168)	0
	DPNF 4	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	2,769	(2,769)	0
	DPNF 4	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	2,637	(2,637)	0
	DPNF 4	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	3,148	(3,148)	0
	DPNF 4	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	1,268	(1,268)	0
	DPNF 4	D-3		XIX	200.00	2	Total Ancillary Charges To eliminate reported items that are not included in the Skilled Nursing Facility per diem rate. CCR, Title 22, Section 51511(c)	138,881	(22,290)	116,591 *
44	DPNF 4	D-3		XIX	65.00	2	Total Ancillary Charges - Respiratory Therapy	\$3,730	\$1,607,883	\$1,611,613
	DPNF 4	D-3		XIX	71.00	2	Total Ancillary Charges - Medical Supplies Charged to Patients	0	157,328	157,328
	DPNF 4	D-3		XIX	73.00	2	Total Ancillary Charges - Drugs Charged to Patients	112,861	6,835,632	6,948,493 *
	DPNF 4	D-3		XIX	200.00	2	Total Ancillary Charges To adjust reported Medi-Cal ancillary charges to total Skilled Nursing Facility ancillary charges to determine the cost of services. CCR, Title 22, Section 51511	* 116,591	8,600,843	8,717,434 *
45	DPNF 4	D-3		XIX	73.00	2	Total Ancillary Charges - Drugs Charged to Patients	* \$6,948,493	(\$6,540,616)	\$407,877
	DPNF 4	D-3		XIX	200.00	2	Total Ancillary Charges To exclude reported prescription drugs costs not included in the DPNF per diem rate. CCR, Title 22, Sections 51511.5(c) and 51511.5	* 8,717,434	(6,540,616)	2,176,818

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments
WHITE MEMORIAL MEDICAL CENTER			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1215927470		48
Report References							As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet							
		Part	Title	Line	Col.	Explanation of Audit Adjustments			
<u>ADJUSTMENTS TO OTHER MATTERS</u>									
46	Contract 1	Not Reported				Medi-Cal Credit Balances 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	\$48,294	\$48,294
47	Contract 1	Not Reported				Medi-Cal Overpayments To recover Medi-Cal overpayments because patient share-of-cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 / CMS Pub. 15-1, Section 2409	\$0	\$3,194	\$3,194
48	DPNF 1	Not Reported				Medi-Cal Overpayments To recover Medi-Cal overpayments because patient share-of-cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 / CMS Pub. 15-1, Section 2409	\$0	\$667	\$667