

**REPORT
ON THE
COST REPORT REVIEW**

**MISSION HOSPITAL REGIONAL MEDICAL CENTER
MISSION VIEJO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1992752315**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Stan Van Arsdale
Auditor: Nhung Tran**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: November 25, 2013

Aaron Neuharth, Controller
Mission Hospital Regional Medical Center
27700 Medical Center Road
Mission Viejo, CA 92691

MISSION HOSPITAL REGIONAL MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1992752315
FISCAL PERIOD ENDED JUNE 30, 2010

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 provider in the amount of \$2,699,589 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Reimbursement Settlement (AB5 and AB1183 Schedules)
4. Audit Adjustments Schedule

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section— Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

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

Certified

SUMMARY OF FINDINGS

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1992752315		
Reported	\$ 2,946,152	
Net Change	\$ (246,563)	
Audited Amount Due Provider (State)	\$ 2,699,589	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI:		
Reported		\$ 0
Net Change		\$ 0
Audited Cost		\$ 0
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ 2,699,589	
9. Total Medi-Cal Cost		\$ 0

SUMMARY OF FINDINGS

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		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)		\$ 2,699,589	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1992752315

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 8,177,028	\$ 8,018,952
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4. \$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 8,177,028	\$ 8,018,952
6. Interim Payments (Adj 40)	\$ (5,230,876)	\$ (5,005,921)
7. Balance Due Provider (State)	\$ 2,946,152	\$ 3,013,031
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9. AB 5 and AB 1183 - Summary of Reductions (Schedule A) (Adj 1)	\$ 0	\$ (313,442)
10. \$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 2,946,152	\$ 2,699,589
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONS

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
June 30, 2010

Provider No.
1992752315

1.	10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$	<u>0</u>
2.	Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)		<u>0</u>
3.	10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3) *		<u>313,442</u>
4.	10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)		<u>0</u>
5.	10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)		<u>0</u>
6.	10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)		<u>0</u>
7.	Total Noncontract AB 5 AND AB 1183 Reductions	\$	<u><u>313,442</u></u> (To Schedule 1, Line 9)

* This facility is exempt from 10% reduction after 11/17/2009. The calculation above reflect that exemption period.

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM APRIL 6, 2009 THROUGH April 12, 2011 - NONCONTRACT HOSPITALS

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
June 30, 2010

Provider No.
1992752315

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>8,060,610</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u> </u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u><u>8,060,610</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>5,187</u></u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,554.00</u></u>

AB 5 - 10 % Cost Reduction For Services From 04/06/09 Through 04/12/11

7. Audited Medi-Cal Days of Service from 04/06/09 Through 04/12/11(excludes Administrative Days)	<u>2,017</u>
8. Audited Medi-Cal Cost For 04/06/09 Through 04/12/11(Line 6 * Line 7)	\$ <u>3,134,423</u>
9. AB 5 - 10% Cost Reduction for 04/06/09 Through 04/12/11 (Line 8 * 10%)	\$ <u><u>313,442</u></u> (To Schedule A, Line 3)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1992752315

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 8,211,295	\$ 8,060,610
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adjs 38, 42)	\$ 2,796,764	\$ 10,498,104
3. Inpatient Ancillary Service Charges (Adj 38)	\$ 14,302,595	\$ 13,955,560
4. Total Charges - Medi-Cal Inpatient Services	\$ 17,099,359	\$ 24,453,664
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 8,888,064	\$ 16,393,054
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ 0	\$ 0
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1992752315

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 3,428,016	\$ 3,370,112
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 4,783,279	\$ 4,690,498
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)	\$ 8,211,295	\$ 8,060,610
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 8,211,295	\$ 8,060,610 (To Schedule 2)
9. Coinsurance (Adj 39)	\$ (20,692)	\$ (28,083)
10. Patient and Third Party Liability (Adj)	\$ (13,575)	\$ (13,575)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 8,177,028	\$ 8,018,952 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1992752315

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 35)	79,674	74,744
2. Inpatient Days (include private, exclude swing-bed)	79,674	74,744
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 35)	79,674	74,744
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) (Adjs 36, 41)	3,236	3,206

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 25, Col 27)	\$ 88,418,263	\$ 81,482,077
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)	\$ 88,418,263	\$ 81,482,077

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 176,834,955	\$ 176,834,955
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 176,834,955	\$ 176,834,955
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.500004	\$ 0.460780
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)	\$ 2,219.48	\$ 2,365.87
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)	\$ 88,418,263	\$ 81,482,077

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,109.75	\$ 1,090.15
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 3,591,151	\$ 3,495,021
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 1,192,128	\$ 1,195,477
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 4,783,279	\$ 4,690,498

(To Schedule 3)

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

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1992752315

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 4,007,378	\$ 4,157,209
2. Total Inpatient Days (Adj)	7,415	7,415
3. Average Per Diem Cost	\$ 540.44	\$ 560.65
4. Medi-Cal Inpatient Days (Adjs 36, 41)	1,958	1,928
5. Cost Applicable to Medi-Cal	\$ 1,058,182	\$ 1,080,933
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 31,237,819	\$ 30,784,337
7. Total Inpatient Days (Adj 35)	14,226	14,244
8. Average Per Diem Cost	\$ 2,195.83	\$ 2,161.21
9. Medi-Cal Inpatient Days (Adj 36)	61	53
10. Cost Applicable to Medi-Cal	\$ 133,946	\$ 114,544
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
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)	\$ 1,192,128	\$ 1,195,477

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1992752315

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

(To Schedule 4)

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CEN

Fiscal Period Ended:
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMIN- TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	728,808	0	0	0	0	0	0	0	0	20,190,189	3,094,216
39.00	Delivery Room and Labor Room	0	146,214	0	0	0	0	0	0	0	0	3,971,997	608,722
41.00	Radiology - Diagnostic	0	311,515	0	0	0	0	0	0	0	0	8,509,952	1,304,179
41.01	MRI	0	92,922	0	0	0	0	0	0	0	0	4,811,349	737,356
41.02	CAT SCAN	0	85,566	0	0	0	0	0	0	0	0	3,003,366	460,276
41.03	Ultrasound	0	106,493	0	0	0	0	0	0	0	0	3,038,918	465,725
41.04		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	20,112	0	0	0	0	0	0	0	0	1,055,452	161,752
43.00	Radioisotope	0	36,009	0	0	0	0	0	0	0	0	1,639,154	251,206
44.00	Laboratory	0	430,455	0	0	0	0	0	0	0	0	14,732,368	2,257,786
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	26,561	0	0	0	0	0	0	0	0	3,848,562	589,805
49.00	Respiratory Therapy	0	248,492	0	0	0	0	0	0	0	0	6,237,312	955,890
50.00	Physical Therapy	0	231,783	0	0	0	0	0	0	0	0	5,332,169	817,173
51.00	Occupational Therapy	0	20,510	0	0	0	0	0	0	0	0	469,962	72,023
52.00	Speech Pathology	0	22,049	0	0	0	0	0	0	0	0	1,082,643	165,919
53.00	Electrocardiology	0	199,046	0	0	0	0	0	0	0	0	5,108,189	782,848
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	22,136,793	3,392,540
55.03	Implant Dev. Charged to Patients	0	0	0	0	0	0	0	0	0	0	19,898,355	3,049,492
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	10,842,855	1,661,705
56.01		0	0	0	0	0	0	0	0	0	0	0	0
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	1,062,829	162,882
57.01		0	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Sports and Wellness	0	17,619	0	0	0	0	0	0	0	0	601,285	92,149
59.01	Cardiac Rehab	0	33,977	0	0	0	0	0	0	0	0	891,432	136,615
59.02	Psych Therapy	0	27,404	0	0	0	0	0	0	0	0	1,528,600	234,263
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	587,458	0	0	0	0	0	0	0	0	14,590,933	2,236,111
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Women Wellness Center	0	5,071	0	0	0	0	0	0	0	0	1,241,561	190,274
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	26,241	4,022
97.00	Chemical Dependency	0	0	0	0	0	0	0	0	0	0	3,037,289	465,475
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	12,324,520	1,888,775
98.01	Marketing	0	40,837	0	0	0	0	0	0	0	0	6,051,974	927,486
98.02	Non Reimbursable Cost Center	0	257,656	0	0	0	0	0	0	0	0	7,850,086	1,203,053
98.03	Children Hospital at Mission	0	0	0	0	0	0	0	0	0	0	509,097	78,021
98.04	Property Management	0	2,512	0	0	0	0	0	0	0	0	441,607	67,678
98.05	Unassigned Area	0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01		0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	<u>0</u>	<u>9,784,802</u>	<u>0</u>	<u>384,645,387</u>	<u>51,114,724</u>							

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CEN

Fiscal Period Ended:
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS													
37.00	Operating Room	1,552,705	0	187,356	1,011,917	0	669,927	0	748,998	0	0	999,073	0
39.00	Delivery Room and Labor Room	562,545	0	117,491	366,617	0	79,384	0	181,103	0	0	60,550	0
41.00	Radiology - Diagnostic	1,008,844	0	40,712	657,476	0	374,526	0	56,261	0	0	310,978	0
41.01	MRI	362,818	0	0	236,453	0	122,567	0	41,724	0	0	212,752	0
41.02	CAT SCAN	121,275	0	41,443	79,036	0	86,572	0	543	0	0	654,665	0
41.03	Ultrasound	288,541	0	20,850	188,046	0	125,359	0	18,674	0	0	112,354	0
41.04		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	267,968	0	0	174,638	0	19,342	0	7,940	0	0	15,879	0
43.00	Radioisotope	70,162	0	7,882	45,725	0	29,840	0	204	0	0	65,740	0
44.00	Laboratory	493,480	0	1,623	321,607	0	509,453	0	1,533	0	0	802,004	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	22,829	0	2,613	14,878	0	24,979	0	31,344	0	0	43,393	0
49.00	Respiratory Therapy	110,241	0	199	71,846	0	243,375	0	427	0	0	344,570	0
50.00	Physical Therapy	276,411	0	4,361	180,140	0	235,669	0	495	0	0	74,821	0
51.00	Occupational Therapy	0	0	0	0	0	19,290	0	0	0	0	44,817	0
52.00	Speech Pathology	9,692	0	0	6,317	0	19,755	0	0	0	0	37,277	0
53.00	Electrocardiology	287,139	0	27,598	187,132	0	183,178	0	89,991	0	0	378,093	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	4,331,061	0	456,728	0
55.03	Implant Dev. Charged to Patients	0	0	0	0	0	0	0	0	3,893,110	0	483,747	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	11,041,616	795,936	0
56.01		0	0	0	0	0	0	0	0	0	0	0	0
57.00	Renal Dialysis	2,682	0	0	1,748	0	0	0	0	0	0	21,857	0
57.01		0	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Sports and Wellness	121,976	0	0	79,493	0	23,376	0	582	0	0	2,269	0
59.01	Cardiac Rehab	85,340	0	0	55,617	0	32,219	0	22,254	0	0	14,008	0
59.02	Psych Therapy	64,737	0	0	42,190	0	31,030	0	20,915	0	0	46,783	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	850,537	0	251,732	554,306	0	589,664	0	838,091	0	0	652,356	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Women Wellness Center	92,076	0	0	60,007	0	52	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	38,220	0	0	24,909	0	0	0	0	0	0	0	0
97.00	Chemical Dependency	423,775	0	34,697	276,180	131,128	0	0	53	0	0	45,691	61,493
98.00	Physicians' Private Office	86,681	0	0	56,491	1,162,098	0	0	0	0	0	0	0
98.01	Marketing	78,818	0	0	51,367	0	26,789	0	29	0	0	0	0
98.02	Non Reimbursable Cost Center	273,485	0	0	178,234	0	257,493	0	11,496	0	0	0	0
98.03	Children Hospital at Mission	1,069,923	0	84,236	697,282	109,576	370,285	0	0	0	0	461,720	275,315
98.04	Property Management	9,144	0	0	5,959	0	4,499	0	0	0	0	0	0
98.05	Unassigned Area	2,484,376	0	0	1,619,099	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01		0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	18,505,300	0	1,808,567	11,914,915	11,735,385	8,231,094	0	7,024,538	8,224,171	11,041,616	8,760,415	1,405,449

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CEN

Fiscal Period Ended:
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT (Adj 18) 26.00	TOTAL COST 27.00
ANCILLARY COST CENTERS												
37.00	Operating Room	0	0	0	0	0	0	160,649	0	28,615,030	0	28,615,030
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	5,948,408	0	5,948,408
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	12,262,927	0	12,262,927
41.01	MRI	0	0	0	0	0	0	0	0	6,525,018	0	6,525,018
41.02	CAT SCAN	0	0	0	0	0	0	0	0	4,447,176	0	4,447,176
41.03	Ultrasound	0	0	0	0	0	0	0	0	4,258,468	0	4,258,468
41.04		0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	1,702,971	0	1,702,971
43.00	Radioisotope	0	0	0	0	0	0	0	0	2,109,914	0	2,109,914
44.00	Laboratory	0	0	0	0	0	0	0	0	19,119,854	0	19,119,854
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	4,578,402	0	4,578,402
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	7,963,860	0	7,963,860
50.00	Physical Therapy	0	0	0	0	0	0	0	0	6,921,239	0	6,921,239
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	606,092	0	606,092
52.00	Speech Pathology	0	0	0	0	0	0	0	0	1,321,603	0	1,321,603
53.00	Electrocardiology	0	0	0	0	0	0	0	0	7,044,167	0	7,044,167
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	30,317,121	0	30,317,121
55.03	Implant Dev. Charged to Patients	0	0	0	0	0	0	0	0	27,324,704	0	27,324,704
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	24,342,112	0	24,342,112
56.01		0	0	0	0	0	0	0	0	0	0	0
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	1,251,999	0	1,251,999
57.01		0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00	Sports and Wellness	0	0	0	0	0	0	0	0	921,129	0	921,129
59.01	Cardiac Rehab	0	0	0	0	0	0	0	0	1,237,487	0	1,237,487
59.02	Psych Therapy	0	0	0	0	0	0	0	0	1,968,517	0	1,968,517
59.03		0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	0	0	0	0	0	0	0	20,563,731	0	20,563,731
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0
63.00	Women Wellness Center	0	0	0	0	0	0	0	0	1,583,970	0	1,583,970
82.00		0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	93,391	0	93,391
97.00	Chemical Dependency	0	0	0	0	0	0	0	0	4,475,781	0	4,475,781
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	15,518,567	0	15,518,567
98.01	Marketing	0	0	0	0	0	0	0	0	7,136,462	0	7,136,462
98.02	Non Reimbursable Cost Center	0	0	0	0	0	0	0	0	9,773,847	0	9,773,847
98.03	Children Hospital at Mission	0	0	0	0	0	0	0	0	3,655,455	0	3,655,455
98.04	Property Management	0	0	0	0	0	0	0	0	528,887	0	528,887
98.05	Unassigned Area	0	0	0	0	0	0	0	0	4,103,475	0	4,103,475
99.05		0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0
100.01		0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>178,499</u>	<u>0</u>	<u>384,645,387</u>	<u>0</u>	<u>384,645,387</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00 (Adj 24)	STAT 6.01	STAT 6.02	STAT 6.03	STAT 6.04	STAT 6.05	STAT 6.06	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adjs 19, 23) (Adjs 26, 32, 33)
ANCILLARY COST CENTERS											
37.00	Operating Room	11,454,502								20,190,189	50,944
39.00	Delivery Room and Labor Room	2,298,002								3,971,997	18,457
41.00	Radiology - Diagnostic	4,896,002								8,509,952	33,100
41.01	MRI	1,460,429								4,811,349	11,904
41.02	CAT SCAN	1,344,814								3,003,366	3,979
41.03	Ultrasound	1,673,721								3,038,918	9,467
41.04										0	
42.00	Radiology - Therapeutic	316,096								1,055,452	8,792
43.00	Radioisotope	565,938								1,639,154	2,302
44.00	Laboratory	6,765,349								14,732,368	16,191
44.01	Pathological Lab									0	
46.00	Whole Blood	417,452								3,848,562	749
49.00	Respiratory Therapy	3,905,488								6,237,312	3,617
50.00	Physical Therapy	3,642,873								5,332,169	9,069
51.00	Occupational Therapy	322,352								469,962	
52.00	Speech Pathology	346,544								1,082,643	318
53.00	Electrocardiology	3,128,349								5,108,189	9,421
55.00	Medical Supplies Charged to Patients									22,136,793	
55.03	Implant Dev. Charged to Patients									19,898,355	
56.00	Drugs Charged to Patients									10,842,855	
56.01										0	
57.00	Renal Dialysis									1,062,829	88
57.01										0	
58.00	ASC (Non-Distinct Part)									0	
59.00	Sports and Wellness	276,907								601,285	4,002
59.01	Cardiac Rehab	534,007								891,432	2,800
59.02	Psych Therapy	430,704								1,528,600	2,124
59.03										0	
60.00	Clinic									0	
60.01	Other Clinic Services									0	
61.00	Emergency	9,232,931								14,590,933	27,906
62.00	Observation Beds									0	
63.00	Women Wellness Center	79,700								1,241,561	3,021
82.00										0	
83.00										0	
84.00										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop & Canteen									26,241	1,254
97.00	Chemical Dependency									3,037,289	13,904
98.00	Physicians' Private Office									12,324,520	2,844
98.01	Marketing	641,828								6,051,974	2,586
98.02	Non Reimbursable Cost Center	4,049,517								7,850,086	8,973
98.03	Children Hospital at Mission									509,097	35,104
98.04	Property Management	39,486								441,607	300
98.05	Unassigned Area									0	81,512
99.05										0	
100.00										0	
100.01										0	
100.02										0	
100.03										0	
100.04										0	
TOTAL		153,785,319	0	0	0	0	0	0	0	333,530,663	607,156
COST TO BE ALLOCATED		9,784,802	0	0	0	0	0	0	0	51,114,724	18,505,300
UNIT COST MULTIPLIER - SCH 8		0.063626	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.153253	30.478657

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00 (Adjs 20, 27)	HOUSE-KEEPING (SQ FT) 10.00 (Adjs 19, 23) (Adjs 26, 32, 33)	DIETARY (MEALS SERVED) 11.00 (Adj 28)	CAFETERIA (FTEs) 12.00 (Adjs 21, 25)	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00 (Adjs 22, 29)	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (TIME SPENT) 17.00 (Adj 30)	SOC SERV (TIME SPENT) 18.00 (Adjs 31, 34)	STAT 19.00
ANCILLARY COST CENTERS												
37.00	Operating Room		192,984	50,944			12,954			154,417		178,159,308
39.00	Delivery Room and Labor Room		121,020	18,457			1,535			37,337		10,797,505
41.00	Radiology - Diagnostic		41,935	33,100			7,242			11,599		55,454,993
41.01	MRI			11,904			2,370			8,602		37,938,865
41.02	CAT SCAN		42,688	3,979			1,674			112		116,742,846
41.03	Ultrasound		21,476	9,467			2,424			3,850		20,035,428
41.04												
42.00	Radiology - Therapeutic			8,792			374			1,637		2,831,608
43.00	Radioisotope		8,119	2,302			577			42		11,723,105
44.00	Laboratory		1,672	16,191			9,851			316		143,016,976
44.01	Pathological Lab											
46.00	Whole Blood		2,691	749			483			6,462		7,738,038
49.00	Respiratory Therapy		205	3,617			4,706			88		61,445,363
50.00	Physical Therapy		4,492	9,069			4,557			102		13,342,430
51.00	Occupational Therapy						373					7,991,907
52.00	Speech Pathology			318			382					6,647,403
53.00	Electrocardiology		28,427	9,421			3,542					67,423,225
55.00	Medical Supplies Charged to Patients									18,553		81,445,757
55.03	Implant Dev. Charged to Patients									22,136,796		86,264,007
56.00	Drugs Charged to Patients									19,898,355		141,934,884
56.01									10,842,853			
57.00	Renal Dialysis			88								3,897,726
57.01												
58.00	ASC (Non-Distinct Part)											
59.00	Sports and Wellness			4,002			452			120		404,535
59.01	Cardiac Rehab			2,800			623			4,588		2,498,054
59.02	Psych Therapy			2,124			600			4,312		8,342,583
59.03												
60.00	Clinic											
60.01	Other Clinic Services											
61.00	Emergency		259,294	27,906			11,402			172,785		116,331,062
62.00	Observation Beds											
63.00	Women Wellness Center			3,021			1					
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen			1,254								
97.00	Chemical Dependency		35,739	13,904	16,446					11		8,147,807
98.00	Physicians' Private Office			2,844	145,750							394
98.01	Marketing			2,586			518			6		
98.02	Non Reimbursable Cost Center			8,973			4,979			2,370		
98.03	Children Hospital at Mission		86,767	35,104	13,743		7,160					82,335,923
98.04	Property Management			300			87					1,764
98.05	Unassigned Area			81,512								
99.05												
100.00												
100.01												
100.02												
100.03												
100.04												
TOTAL	0	1,862,897	599,845	1,471,848	159,160	0	1,448,213	42,035,151	10,842,853	1,562,196,999	9,005	0
COST TO BE ALLOCATED	0	1,808,567	11,914,915	11,735,385	8,231,094	0	7,024,538	8,224,171	11,041,616	8,760,415	1,405,449	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.970836	19.863322	7.973231	51.715844	0.000000	4.850487	0.195650	1.018331	0.005608	156.074277	0.000000

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
19.02	19.03	20.00	21.00	22.00	23.00	24.00

GENERAL SERVICE COST CENTERS

- 1.00 Old Cap Rel Costs-Bldg & Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg & Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01 Non-Patient Telephones
- 6.02 Data Processing
- 6.03 Purchasing/Receiving
- 6.04 Patient Admitting
- 6.05 Patient Business Office
- 6.06
- 6.07
- 6.08
- 6.00 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00
- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes
- 23.00 Intern & Res Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00 Neonatal Intensive Care Unit
- 29.00 Surgical Intensive Care
- 30.00 Subprovider I
- 31.00 Subprovider II
- 32.00
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
ANCILLARY COST CENTERS							
37.00						90	
39.00							
41.00							
41.01							
41.02							
41.03							
41.04							
42.00							
43.00							
44.00							
44.01							
46.00							
49.00							
50.00							
51.00							
52.00							
53.00							
55.00							
55.03							
56.00							
56.01							
57.00							
57.01							
58.00							
59.00							
59.01							
59.02							
59.03							
60.00							
60.01							
61.00							
62.00							
63.00							
82.00							
83.00							
84.00							
85.00							
86.00							
NONREIMBURSABLE COST CENTERS							
96.00							
97.00							
98.00							
98.01							
98.02							
98.03							
98.04							
98.05							
99.05							
100.00							
100.01							
100.02							
100.03							
100.04							
TOTAL	0	0	0	0	0	100	0
COST TO BE ALLOCATED	0	0	0	0	0	178,499	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	1784.994156	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	10,224,584	(977,707)	9,246,877
4.00	New Cap Rel Costs-Movable Equipment	3,870,083	0	3,870,083
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	9,619,360	54,472	9,673,832
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	49,235,242	(554,121)	48,681,121
7.00	Maintenance and Repairs	14,939,557	0	14,939,557
8.00	Operation of Plant		0	0
9.00	Laundry and Linen Service	1,568,230	0	1,568,230
10.00	Housekeeping	9,675,326	0	9,675,326
11.00	Dietary	8,316,382	0	8,316,382
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	4,777,478	0	4,777,478
15.00	Central Services & Supply	5,966,606	0	5,966,606
16.00	Pharmacy	8,521,914	0	8,521,914
17.00	Medical Records and Library	6,521,531	0	6,521,531
18.00	Social Service	1,033,518	0	1,033,518
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program	154,779	0	154,779
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	53,827,738	(2,746,335)	51,081,403
26.00	Intensive Care Unit	21,178,078	0	21,178,078
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	2,751,766	0	2,751,766
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 18,395,331	\$ 0	\$ 18,395,331
39.00	Delivery Room and Labor Room	3,439,554	0	3,439,554
41.00	Radiology - Diagnostic	8,453,258	(947,469)	7,505,789
41.01	MRI	4,469,325	0	4,469,325
41.02	CAT SCAN	2,834,536	0	2,834,536
41.03	Ultrasound	2,734,320	0	2,734,320
41.04			0	0
42.00	Radiology - Therapeutic	851,359	0	851,359
43.00	Radioisotope	1,554,974	0	1,554,974
44.00	Laboratory	13,963,102	0	13,963,102
44.01	Pathological Lab		0	0
46.00	Whole Blood	3,806,328	0	3,806,328
49.00	Respiratory Therapy	5,913,131	0	5,913,131
50.00	Physical Therapy	4,910,609	0	4,910,609
51.00	Occupational Therapy	449,452	0	449,452
52.00	Speech Pathology	1,053,939	0	1,053,939
53.00	Electrocardiology	4,712,000	0	4,712,000
55.00	Medical Supplies Charged to Patients	22,136,793	0	22,136,793
55.03	Implant Dev. Charged to Patients	19,898,355	0	19,898,355
56.00	Drugs Charged to Patients	10,842,855	0	10,842,855
56.01			0	0
57.00	Renal Dialysis	1,060,988	0	1,060,988
57.01			0	0
58.00	ASC (Non-Distinct Part)		0	0
59.00	Sports and Wellness	499,921	0	499,921
59.01	Cardiac Rehab	798,863	0	798,863
59.02	Psych Therapy	1,456,749	0	1,456,749
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency	13,419,517	0	13,419,517
62.00	Observation Beds		0	0
63.00	Women Wellness Center		1,173,273	1,173,273
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 359,837,431	\$ (3,997,887)	\$ 355,839,544
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Chemical Dependency		2,746,335	2,746,335
98.00	Physicians' Private Office	12,242,011	22,996	12,265,007
98.01	Marketing	5,957,022	0	5,957,022
98.02	Non Reimbursable Cost Center	7,369,318	35,344	7,404,662
98.03	Children Hospital at Mission		0	0
98.04	Property Management	416,853	15,964	432,817
98.05	Unassigned Area	0	0	0
99.05			0	0
100.00			0	0
100.01			0	0
100.02			0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 25,985,204	\$ 2,820,639	\$ 28,805,843
101	TOTAL	\$ 385,822,635	\$ (1,177,248)	\$ 384,645,387

(To Schedule 8)

Provider Name:
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Page 1
Fiscal Period Ended:
JUNE 30, 2010

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ 13
ANCILLARY COST CENTERS													
37.00 Operating Room	0												
39.00 Delivery Room and Labor Room	0												
41.00 Radiology - Diagnostic	(947,469)	(947,469)											
41.01 MRI	0												
41.02 CAT SCAN	0												
41.03 Ultrasound	0												
41.04	0												
42.00 Radiology - Therapeutic	0												
43.00 Radioisotope	0												
44.00 Laboratory	0												
44.01 Pathological Lab	0												
46.00 Whole Blood	0												
49.00 Respiratory Therapy	0												
50.00 Physical Therapy	0												
51.00 Occupational Therapy	0												
52.00 Speech Pathology	0												
53.00 Electrocardiology	0												
55.00 Medical Supplies Charged to Patients	0												
55.03 Implant Dev. Charged to Patients	0												
56.00 Drugs Charged to Patients	0												
56.01	0												
57.00 Renal Dialysis	0												
57.01	0												
58.00 ASC (Non-Distinct Part)	0												
59.00 Sports and Wellness	0												
59.01 Cardiac Rehab	0												
59.02 Psych Therapy	0												
59.03	0												
60.00 Clinic	0												
60.01 Other Clinic Services	0												
61.00 Emergency	0												
62.00 Observation Beds	0												
63.00 Women Wellness Center	1,173,273	947,469				225,804							
82.00	0												
83.00	0												
84.00	0												
85.00	0												
86.00	0												
NONREIMBURSABLE COST CENTERS													
96.00 Gift, Flower, Coffee Shop & Canteen	0												
97.00 Chemical Dependency	2,746,335		2,746,335										
98.00 Physicians' Private Office	22,996										22,996		
98.01 Marketing	0												
98.02 Non Reimbursable Cost Center	35,344			15,500	19,844								
98.03 Children Hospital at Mission	0												
98.04 Property Management	15,964						15,964						
98.05 Unassigned Area	0												
99.05	0												
100.00	0												
100.01	0												
100.02	0												
100.03	0												
100.04	0												
101.00 TOTAL	<u>(\$1,177,248)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>15,964</u>	<u>(106,090)</u>	<u>(9,612)</u>	<u>54,472</u>	<u>(44,935)</u>	<u>(832,240)</u>	<u>100,181</u>

(To Sch 10)

Provider Name							Fiscal Period	Provider NPI		Adjustments
MISSION HOSPITAL REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010	1992752315		42
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
1							<p style="text-align: center;"><u>MEMORANDUM ADJUSTMENT</u></p> <p>The services provided to Medi-Cal inpatients in Noncontract acute hospitals during the State fiscal year of July 1, 2009 through June 30, 2010 are subject to various reimbursement limitations identified in AB 5 and AB 1183. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9.</p> <p>W & I Code, Section 14105.19 and 14166.245</p>			

Provider Name							Fiscal Period		Provider NPI		Adjustments
MISSION HOSPITAL REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1992752315		42
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>											
2	10A	A			41.00	7	Radiology - Diagnostic	\$8,453,258	(\$947,469)	\$7,505,789	
	10A	A			63.00	7	Women Wellness Center To reclassify women wellness center cost to its proper cost center. 42 CFR 405.2470 / CMS Pub. 15-1, Sections 2300 and 2304	0	947,469	947,469 *	
3	10A	A			25.00	7	Adults and Pediatrics	\$53,827,738	(\$2,746,335)	\$51,081,403	
	10A	A			97.00	7	Chemical Dependency To reclassify chemical dependency to its proper cost center. 42 CFR 405.2470 / CMS Pub. 15-1, Sections 2300 and 2304	0	2,746,335	2,746,335	
4	10A	A			6.00	7	Administration and General	\$49,235,242	(\$15,500)	\$49,219,742 *	
	10A	A			98.02	7	Non Reimbursable Cost Center To reclassify foundation contribution to its proper cost center. 42 CFR 405.2470 / CMS Pub. 15-1, Sections 2300 and 2304	7,369,318	15,500	7,384,818 *	
5	10A	A			3.00	7	New Capital Related Costs - Building and Fixtures	\$10,224,584	(\$19,844)	\$10,204,740 *	
	10A	A			98.02	7	Non Reimbursable Cost Center To reclassify Laguna Beach medical office building parking depreciation to its proper cost center. 42 CFR 405.2470 / CMS Pub. 15-1, Sections 2300 and 2304	* 7,384,818	19,844	7,404,662	
6	10A	A			3.00	7	New Capital Related Costs - Building and Fixtures	* \$10,204,740	(\$225,804)	\$9,978,936 *	
	10A	A			63.00	7	Women Wellness Center To reclassify women wellness depreciation to its proper cost center. 42 CFR 405.2470 / CMS Pub. 15-1, Sections 2300 and 2304	* 947,469	225,804	1,173,273	

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments	
MISSION HOSPITAL REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1992752315		42	
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>										
7	10A	A			98.04	7	Property Management To reverse miscellaneous revenue included in the nonreimbursable cost center property management. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$416,853	\$15,964	\$432,817
8	10A	A			6.00	7	Administrative and General To eliminate additional 80% related to dues and membership paid to social, fraternal associations. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2302.3 and 2138.3	* \$49,219,742	(\$106,090)	\$49,113,652 *
9	10A	A			6.00	7	Administrative and General To eliminate additional 11% and 5% related to dues and membership paid to AHCA and CAHF. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2139	* \$49,113,652	(\$9,612)	\$49,104,040 *
10	10A	A			5.00	7	Employee Benefits To adjust retirement plan cost to agree with the actual amount transferred to the investment fund within the allowable time applicable to the audit period. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300, 2304 and 2305	\$9,619,360	\$54,472	\$9,673,832
11	10A	A			6.00	7	Administrative and General	* \$49,104,040	(\$67,931)	\$49,036,109 *
					98.00	7	Physicians' Private Office To adjust property taxes to the provider's property tax bills and the actual allocation between hospital and the related organization. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300, 2304	12,242,011	22,996	12,265,007
12	10A	A			3.00	7	New Capital Related Costs - Building and Fixture To eliminate the provider's write-off of Mission hospital acquisition cost / bond issue costs due to lack of supporting documentation. 42 CFR 413.153 and 413.17 CMS Pub. 15-1, Sections 104.1 and 2304	* \$9,978,936	(\$832,240)	\$9,146,696 *

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments		
MISSION HOSPITAL REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1992752315		42		
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>											
13	10A	A			3.00	7	New Capital Related Costs - Building and Fixture To include the start-up cost of acquisition of Laguna Beach Hospital. 42 CFR 413.20, 413.24 and 413.134 CMS Pub. 15-1 Sections 102 and 2304	*	\$9,146,696	\$100,181	\$9,246,877
14	10A	A			6.00	7	Administrative and General To eliminate administration - other expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)	*	\$49,036,109	(\$23,805)	\$49,012,304 *
15	10A	A			6.00	7	Administrative and General To eliminate administration - other expense not related patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3	*	\$49,012,304	(\$171,636)	\$48,840,668 *
16	10A	A			6.00	7	Administrative and General To eliminate administration - donations not related patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3	*	\$48,840,668	(\$19,771)	\$48,820,897 *
17	10A	A			6.00	7	Administrative and General To adjust home office costs to agree with the filed Home Office Cost Report of St. Joseph Health System. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	*	\$48,820,897	(\$139,776)	\$48,681,121
18	8	B	I		25.00	26	Adults and Pediatrics		(\$17,876)	\$17,876	\$0
	8	B	I		37.00	26	Operating Room To reverse the provider's step-down to eliminate Intern and Resident costs. 42 CFR 413.75 / CMS Pub. 15-2, Section 2832.4 CMS Pub. 15-1, Sections 2300 and 2304		(160,884)	160,884	0

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments	
MISSION HOSPITAL REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1992752315		42	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO REPORTED STATISTICS</u>										
19	9	B-1	25.00	3,4,7,10	Adults and Pediatrics	(Square Footage)	144,094	(8,261)	135,833	*
	9	B-1	33.00	3,4,7,10	Nursery		4,040	3,649	7,689	
	9	B-1	39.00	3,4,7,10	Delivery Room and Labor Room		13,845	4,612	18,457	
To reclassify square footage statistics to the appropriate cost centers for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304										
20	9	B-1	25.00	9	Adults and Pediatrics	(Pounds of Laundry & Linen)	841,420	(13,465)	827,955	*
	9	B-1	33.00	9	Nursery		12,235	5,947	18,182	
	9	B-1	39.00	9	Delivery Room and Labor Room		113,503	7,517	121,020	
To reclassify laundry and linen statistics to the appropriate cost centers for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304										
21	9	B-1	25.00	12	Adults and Pediatrics	(FTEs)	46,998	(3)	46,995	
	9	B-1	33.00	12	Nursery		1,243	1	1,244	
	9	B-1	39.00	12	Delivery Room and Labor Room		1,533	2	1,535	
To reclassify cafeteria statistics to the appropriate cost centers for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304										
22	9	B-1	25.00	14	Adults and Pediatrics	(Nursing Hours)	755,902	(2,878)	753,024	*
	9	B-1	33.00	14	Nursery		28,657	882	29,539	
	9	B-1	39.00	14	Delivery Room and Labor Room		35,342	1,995	37,337	
To reclassify nursing administration statistics to the appropriate cost centers for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304										
23	9	B-1	14.00	3,4,10	Nursing Administration	(Square Feet)	17,877	(3,021)	14,856	
	9	B-1	63.00	3,4,10	Women Wellness Center		0	3,021	3,021	
24	9	B-1	41.00	5	Radiology - Diagnostic	(Salaries)	4,975,702	(79,700)	4,896,002	
	9	B-1	63.00	5	Women Wellness Center		0	79,700	79,700	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
MISSION HOSPITAL REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1992752315		42
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO REPORTED STATISTICS</u>												
25	9	B-1			41.00	12	Radiology - Diagnostic (FTEs)	7,243	(1)	7,242		
	9	B-1			63.00	12	Women Wellness Center	0	1	1		
							To reclassify women wellness center statistics to the appropriate cost centers for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304					
26	9	B-1			25.00	3,4,7,10	Adults and Pediatrics (Square Footage)	*	135,833	(13,904)	121,929	
	9	B-1			97.00	3,4,7,10	Chemical Dependency		0	13,904	13,904	
27	9	B-1			25.00	9	Adults and Pediatrics (Pounds of Laundry and Linen)	*	827,955	(35,739)	792,216	
	9	B-1			97.00	9	Chemical Dependency		0	35,739	35,739	
28	9	B-1			25.00	11	Adults and Pediatrics (Numbers of Meals Served)		253,447	(16,446)	237,001	
	9	B-1			97.00	11	Chemical Dependency		0	16,446	16,446	
29	9	B-1			25.00	14	Adults and Pediatrics (Nursing Hours)	*	753,024	(11)	753,013	
	9	B-1			97.00	14	Chemical Dependency		0	11	11	
30	9	B-1			25.00	17	Adults and Pediatrics (Gross Revenue)		203,508,885	(8,147,807)	195,361,078	
	9	B-1			97.00	17	Chemical Dependency		0	8,147,807	8,147,807	
31	9	B-1			25.00	18	Adults and Pediatrics (Time Spent)		6,258	(394)	5,864	
	9	B-1			97.00	18	Chemical Dependency		0	394	394	
							To reclassify chemical dependency statistics to the appropriate cost centers for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304					

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period					Provider NPI		Adjustments	
MISSION HOSPITAL REGIONAL MEDICAL CENTER		JULY 1, 2009 THROUGH JUNE 30, 2010					1992752315		42	
Report References							As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments			
<u>ADJUSTMENTS TO REPORTED STATISTICS</u>										
32	9	B-1		98.05	7,10	Unassigned Area (Square Footage)	0	81,512	81,512	*
	9	B-1		7.00	7	Total (Square Footage)	525,122	81,512	606,634	*
	9	B-1		10.00	10	Total (Square Footage)	517,811	81,512	599,323	*
To include unassigned area for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2304, 2306 and 2328										
33	9	B-1		11.00	3,4,7,10	Dietary (Square Footage)	24,871	(323)	24,548	
	9	B-1		98.00	3,4,7,10	Physician Private Office	2,521	323	2,844	
	9	B-1		96.00	3,4,7,10	Gift Shop	732	522	1,254	
	9	B-1		98.05	7,10	Unassigned Area	* 81,512	(522)	80,990	
	9	B-1		3.00	3	Total - Square Footage	637,082	522	637,604	
	9	B-1		4.00	4	Total - Square Footage	601,978	522	602,500	
	9	B-1		7.00	7	Total - Square Footage	* 606,634	522	607,156	
	9	B-1		10.00	10	Total - Square Footage	* 599,323	522	599,845	
To reclassify gift shop and physicians' dining room at Laguna Beach hospital from the related cost centers for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2304, 2306 and 2328										
34	9	B-1		33.00	18	Nursery (Time Spent)	512	(512)	0	
	9	B-1		18.00	18	Total (Time Spent)	9,517	(512)	9,005	
To eliminate unapplicable social statistics allocated to nursery. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304										

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
MISSION HOSPITAL REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010	1992752315		42
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>										
35	4	D-1	I		1,2,4	1	Adults and Pediatrics - Inpatient Days	79,674	(4,930)	74,744
	4A	D-1	II		43.00	2	Intensive Care Unit - Inpatient Days	14,226	18	14,244
							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			

Provider Name							Fiscal Period	Provider NPI		Adjustments
MISSION HOSPITAL REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010	1992752315		42
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 - NONCONTRACT										
36	4	D-1	I	XIX	9	1	Medi-Cal Days - Adults and Pediatrics	3,236	(7)	3,229 *
	4A	D-1	II	XIX	42	4	Medi-Cal Days - Nursery	1,958	(29)	1,929 *
	4A	D-1	II	XIX	43	4	Medi-Cal Days - Intensive Care Unit	61	(8)	53
37	6	D-4		XIX	37	2	Medi-Cal Ancillary Charges - Operating Room	\$1,446,030	(\$205,922)	\$1,240,108
	6	D-4		XIX	39	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	2,484,662	(22,900)	2,461,762
	6	D-4		XIX	41	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	432,895	(21,152)	411,743
	6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - MRI	195,980	(2,485)	193,495
	6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges - Cat Scan	848,130	(43,149)	804,981
	6	D-4		XIX	41.03	2	Medi-Cal Ancillary Charges - Ultrasound	218,919	(1,706)	217,213
	6	D-4		XIX	43	2	Medi-Cal Ancillary Charges - Radioisotope	79,698	(1,439)	78,259
	6	D-4		XIX	44	2	Medi-Cal Ancillary Charges - Laboratory	2,065,088	40,269	2,105,357
	6	D-4		XIX	46	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood	74,185	951	75,136
	6	D-4		XIX	49	2	Medi-Cal Ancillary Charges - Respiratory Therapy	403,822	(12,562)	391,260
	6	D-4		XIX	50	2	Medi-Cal Ancillary Charges - Physical Therapy	75,133	6,289	81,422
	6	D-4		XIX	51	2	Medi-Cal Ancillary Charges - Occupational Therapy	33,428	(581)	32,847
	6	D-4		XIX	52	2	Medi-Cal Ancillary Charges - Speech Pathology	7,369	20,378	27,747
	6	D-4		XIX	53	2	Medi-Cal Ancillary Charges - Electrocardiology	526,613	(1,822)	524,791
	6	D-4		XIX	55	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,225,869	(58,398)	1,167,471
	6	D-4		XIX	55.03	2	Medi-Cal Ancillary Charges - Other Implants	557,155	(54,233)	502,922
	6	D-4		XIX	56	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,707,810	15,941	2,723,751
	6	D-4		XIX	59.01	2	Medi-Cal Ancillary Charges - Cardiac Rehab	1,129	(1,129)	0
	6	D-4		XIX	61	2	Medi-Cal Ancillary Charges - Emergency	880,819	(3,385)	877,434
	6	D-4		XIX	101	2	Medi-Cal Ancillary Charges - Total	14,302,595	(347,035)	13,995,560
38	2	E-3	III	XIX	10	1	Medi-Cal Routine Service Charges	\$2,796,764	\$7,710,219	\$10,506,983 *
	2	E-3	III	XIX	11	1	Medi-Cal Ancillary Service Charges	14,302,595	(347,035)	13,955,560
39	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	\$20,692	\$7,391	\$28,083

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
MISSION HOSPITAL REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010	1992752315		42	
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 - NONCONTRACT											
40	1	E-3	III	XIX	57	1	Medi-Cal Interim Payments	\$5,230,876	(\$224,955)	\$5,005,921	
							To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: May 17, 2013 Payment Period: July 1, 2009 through April 30, 2013 Service Period: July 1, 2009 through June 30, 2010 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408 CCR, Title 22, Sections 51458.1 and 51003				
41	4	D-1	I	XIX	9	1	Medi-Cal Days - Adults and Pediatrics	*	3,229	(23)	3,206
	4A	D-1	II	XIX	42	4	Medi-Cal Days - Nursery	*	1,929	(1)	1,928
42	2	E-3	III	XIX	10	1	Medi-Cal Routine Service Charges	*	\$10,506,983	(\$8,879)	\$10,498,104
							To eliminate routine charges and days related to the provider's late billing to agree with the following EDS Paid Claims Summary: Report Date: May 17, 2013 Payment Period: July 1, 2009 through April 30, 2013 Service Period: July 1, 2009 through June 30, 2010 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408 CCR, Title 22, Sections 51458.1 and 51003				

*Balance carried forward from prior/to subsequent adjustments