

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**METHODIST HOSPITAL OF SACRAMENTO
SACRAMENTO, CALIFORNIA
PROVIDER NUMBER: 1467560599**

**FISCAL PERIOD ENDED
JUNE 30, 2009**

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

**Section Chief: Robert G. Kvick
Audit Supervisor: Kelly Ostrom
Auditor: Olivia Huetter**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 31, 2013

Kenton Fong
Director of Reimbursement
Dignity Health
3400 Data Drive
Rancho Cordova, CA 95670

In the Matter of:

METHODIST HOSPITAL OF SACRAMENTO
NATIONAL PROVIDER IDENTIFIER (NPI) 1467560599
FISCAL PERIOD ENDED JUNE 30, 2009
CASE NUMBER HA11-0609-911A-AH

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated September 28, 2012, the following revisions are made to the Medi-Cal audit report dated April 20, 2011.

SUMMARY OF REVISIONS

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>	
Audited Amount Due Provider (State)	\$ 20,567
Revision	<u>51</u>
Revised Amount Due Provider (State)	\$ <u>20,618</u>
<u>MEDI-CAL CONTRACT COST (CONTRACT SCH. 1)</u>	
Audited Cost	\$ 17,580,908
Revision	<u>97380</u>
Revised Cost	\$ <u>17,678,288</u>
<u>DISTINCT PART NURSING FACILITY (DPNF SCH. 1)</u>	
Audited Cost Per Day	\$ 344.11
Revision	<u>2.81</u>
Revised Cost Per Day	\$ <u>346.92</u>

Kenton Fong
Page 2

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

Original Signed By

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

SUMMARY OF FINDINGS

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZR00590G Audited	\$ 20,567	
Net Change	\$ 51	
Revised Amount Due Provider (State)	\$ 20,618	
2. Subprovider I (SCHEDULE 1-1) Provider No. Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No. Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No. HSC00590G Audited		\$ 17,580,908
Net Change		\$ 97,380
Revised Cost		\$ 17,678,288
Revised Amount Due Provider (State)	\$ (19,006)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No. LTC55344G Audited		\$ 344.11
Net Change		\$ 2.81
Revised Cost Per Day		\$ 346.92
Revised Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No. Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider No. Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ 1,612	
9. Total Medi-Cal Cost		\$ 17,678,288

SUMMARY OF FINDINGS

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

	SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider No.		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider No.		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider No.		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider No.		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider No.		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider No.		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ 1,612	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
ZZR00590G

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 46,022	\$ 46,073
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)	\$ 46,022	\$ 46,073
6. Interim Payments (Rev)	\$ (25,455)	\$ (25,455)
7. Balance Due Provider (State)	\$ 20,567	\$ 20,618
8. Duplicate Payments (Rev)	\$ 0	\$ 0
9. \$	\$ 0	0
10. \$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 20,567	\$ 20,618

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2009Provider No.
ZZR00590G

AUDITED

REVISED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>46,022</u>	\$ <u>46,073</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Rev)	\$ <u>237,760</u>	\$ <u>237,760</u>
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3. Inpatient Ancillary Service Charges (Rev)	\$ <u>104,747</u>	\$ <u>104,747</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>342,507</u>	\$ <u>342,507</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>296,485</u>	\$ <u>296,434</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)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2009Provider No.
ZZR00590G

	AUDITED	REVISED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 18,541	\$ 18,592
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 27,481	\$ 27,481
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)	\$ 46,022	\$ 46,073
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 46,022	\$ 46,073 (To Schedule 2)
9. Coinsurance (Rev)	\$ 0	\$ 0
10. Patient and Third Party Liability (Rev)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 46,022	\$ 46,073 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2009Provider No.
ZZR00590G

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	27,126	27,126
2. Inpatient Days (include private, exclude swing-bed)	27,126	27,126
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	27,247	27,247
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 29,476,780	\$ 29,535,670
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)	\$ 29,476,780	\$ 29,535,670

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.000000	\$ 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)	\$ 0.00	\$ 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)	\$ 29,476,780	\$ 29,535,670

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,086.66	\$ 1,088.83
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 27,481	\$ 27,481
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 27,481	\$ 27,481

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2009Provider No.
ZZR00590G

	AUDITED	REVISED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,636,636	\$ 1,635,514
2. Total Inpatient Days (Rev 3)	2,016	1,986
3. Average Per Diem Cost	\$ 811.82	\$ 823.52
4. Medi-Cal Inpatient Days (Rev)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 10,261,734	\$ 10,276,333
7. Total Inpatient Days (Rev)	4,631	4,631
8. Average Per Diem Cost	\$ 2,215.88	\$ 2,219.03
9. Medi-Cal Inpatient Days (Rev)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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)	\$ 3,256,874	\$ 3,264,585
17. Total Inpatient Days (Rev 3)	1,870	1,859
18. Average Per Diem Cost	\$ 1,741.64	\$ 1,756.10
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Rev)	\$ 335.13	\$ 335.13
27. Medi-Cal Inpatient Days (Rev)	82	82
28. Cost Applicable to Medi-Cal	\$ 27,481	\$ 27,481
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Rev)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Rev)	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)	\$ 27,481	\$ 27,481

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
METHODIST HOSPITAL OF SACRAMENTOFiscal Period Ended:
JUNE 30, 2009Provider No.
ZZR00590G

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
ZZR00590G

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Rev 5)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 11,122,075	\$ 47,660,131	0.233362	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	5,038,399	13,561,905	0.371511	0	0
40.00	Anesthesiology	93,380	7,158,607	0.013044	0	0
41.00	Radiology - Diagnostic	8,425,136	78,006,935	0.108005	2,678	289
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	1,395,814	7,211,516	0.193553	0	0
44.00	Laboratory	6,860,248	86,491,710	0.079317	28,778	2,283
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	1,302,731	950,826	1.370104	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	140,330	281,298	0.498867	0	0
49.00	Respiratory Therapy	3,416,898	35,913,742	0.095142	0	0
50.00	Physical Therapy	0	0	0.000000	0	0
51.00	Occupational Therapy	0	0	0.000000	0	0
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	345,107	6,298,029	0.054796	0	0
54.00	Electroencephalography	103,600	579,377	0.178812	0	0
55.00	Medical Supplies Charged to Patients	7,088,924	12,943,530	0.547681	0	0
55.01	Medical Supplies Charged - Implant	5,392,979	22,355,553	0.241237	0	0
56.00	Drugs Charged to Patients	9,581,051	46,279,474	0.207026	57,776	11,961
58.00	ASC (Non-Distinct Part)	3,054,514	13,237,743	0.230743	0	0
59.00		0	0	0.000000	0	0
59.01	Therapies	5,116,667	19,556,466	0.261636	15,515	4,059
59.02	Purchased Dialysis	718,624	737,778	0.974038	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	1,605,369	1,283,643	1.250635	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	12,988,719	96,818,008	0.134156	0	0
62.00	Observation Beds	0	1,189,168	0.000000	0	0
71.00		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
TOTAL		\$ 83,790,565	\$ 498,515,439		\$ 104,747	\$ 18,592

(To Schedule 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
ZZR00590G

ANCILLARY CHARGES		AUDITED	REVISIONS (Rev)	REVISED
37.00	Operating Room	\$ 0	\$	\$ 0
38.00	Recovery Room	0		0
39.00	Delivery Room and Labor Room	0		0
40.00	Anesthesiology	0		0
41.00	Radiology - Diagnostic	2,678		2,678
41.01		0		0
41.02		0		0
42.00	Radiology - Therapeutic	0		0
43.00	Radioisotope	0		0
44.00	Laboratory	28,778		28,778
44.01	Pathological Lab	0		0
46.00	Whole Blood	0		0
47.00	Blood Storing and Processing	0		0
48.00	Intravenous Therapy	0		0
49.00	Respiratory Therapy	0		0
50.00	Physical Therapy	0		0
51.00	Occupational Therapy	0		0
52.00	Speech Pathology	0		0
53.00	Electrocardiology	0		0
54.00	Electroencephalography	0		0
55.00	Medical Supplies Charged to Patients	0		0
55.01	Medical Supplies Charged - Implant	0		0
56.00	Drugs Charged to Patients	57,776		57,776
58.00	ASC (Non-Distinct Part)	0		0
59.00		0		0
59.01	Therapies	15,515		15,515
59.02	Purchased Dialysis	0		0
59.03		0		0
60.00	Clinic	0		0
60.01	Other Clinic Services	0		0
61.00	Emergency	0		0
62.00	Observation Beds	0		0
71.00		0		0
82.00		0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 104,747	\$ 0	\$ 104,747

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
HSC00590G

		AUDITED	REVISED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 17,580,908	\$ 17,678,288
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.		\$ 0	\$ 0
5.	Subtotal (Sum of Lines 1 through 4)	\$ 17,580,908	\$ 17,678,288
6.	\$	\$ 0	\$ 0
7.		\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 17,580,908	\$ 17,678,288
(To Summary of Findings)			
9.	Medi-Cal Overpayments (Rev)	\$ 0	\$ 0
10.	Medi-Cal Credit Balances (Rev)	\$ (19,006)	\$ (19,006)
11.		\$ 0	\$ 0
12.		\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ (19,006)	\$ (19,006)
(To Summary of Findings)			

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

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
HSC00590G

	AUDITED	REVISED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>18,109,102</u>	\$ <u>18,206,482</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Rev)	\$ <u>28,417,619</u>	\$ <u>28,417,619</u>
3. Inpatient Ancillary Service Charges (Rev)	\$ <u>49,718,522</u>	\$ <u>49,718,522</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>78,136,141</u>	\$ <u>78,136,141</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>60,027,039</u>	\$ <u>59,929,659</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 INPATIENT ROUTINE SERVICE COST**

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
HSC00590G

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	AUDITED	REVISED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Rev)	27,126	27,126
2. Inpatient Days (include private, exclude swing-bed)	27,126	27,126
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	27,247	27,247
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	5,723	5,723

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 29,476,780	\$ 29,535,670
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)	\$ 29,476,780	\$ 29,535,670

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Rev)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)(Rev)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Rev)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.000000	\$ 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)	\$ 0.00	\$ 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)	\$ 29,476,780	\$ 29,535,670

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,086.66	\$ 1,088.83
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 6,218,955	\$ 6,231,374
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 4,043,602	\$ 4,066,143
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 10,262,557	\$ 10,297,517

(To Contract Sch 3)

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

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
HSC00590G

SPECIAL CARE AND/OR NURSERY UNITS	AUDITED	REVISED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,636,636	\$ 1,635,514
2. Total Inpatient Days (Rev 3)	2,016	1,986
3. Average Per Diem Cost	\$ 811.82	\$ 823.52
4. Medi-Cal Inpatient Days (Rev)	607	607
5. Cost Applicable to Medi-Cal	\$ 492,775	\$ 499,877
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 10,261,734	\$ 10,276,333
7. Total Inpatient Days (Rev)	4,631	4,631
8. Average Per Diem Cost	\$ 2,215.88	\$ 2,219.03
9. Medi-Cal Inpatient Days (Rev)	921	921
10. Cost Applicable to Medi-Cal	\$ 2,040,825	\$ 2,043,727
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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)	\$ 3,256,874	\$ 3,264,585
17. Total Inpatient Days (Rev 3)	1,870	1,859
18. Average Per Diem Cost	\$ 1,741.64	\$ 1,756.10
19. Medi-Cal Inpatient Days (Rev)	867	867
20. Cost Applicable to Medi-Cal	\$ 1,510,002	\$ 1,522,539
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 4,043,602	\$ 4,066,143

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
HSC00590G

SPECIAL CARE UNITS	AUDITED	REVISED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	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)

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

	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	976,264	0	0	0	0	0	0	0	0	7,956,834	1,964,281
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	432,357	0	0	0	0	0	0	0	0	3,446,642	850,863
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	23,285	5,748
41.00	Radiology - Diagnostic	0	637,154	0	0	0	0	0	0	0	0	6,092,101	1,503,940
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	53,512	0	0	0	0	0	0	0	0	919,596	227,018
44.00	Laboratory	0	652,653	0	0	0	0	0	0	0	0	4,983,353	1,230,226
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	1,018,480	251,429
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	19,874	0	0	0	0	0	0	0	0	(29,048)	0
49.00	Respiratory Therapy	0	468,191	0	0	0	0	0	0	0	0	2,550,401	629,610
50.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	0	19,596	0	0	0	0	0	0	0	0	161,133	39,779
54.00	Electroencephalography	0	15,039	0	0	0	0	0	0	0	0	80,043	19,760
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	5,025,990	1,240,752
55.01	Medical Supplies Charged - Implant	0	0	0	0	0	0	0	0	0	0	3,749,218	925,559
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	4,453,468	1,099,415
58.00	ASC (Non-Distinct Part)	0	242,625	0	0	0	0	0	0	0	0	1,916,738	473,180
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01	Therapies	0	720,089	0	0	0	0	0	0	0	0	3,907,862	964,723
59.02	Purchased Dialysis	0	0	0	0	0	0	0	0	0	0	573,842	141,663
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	165,213	0	0	0	0	0	0	0	0	1,015,603	250,719
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	1,239,968	0	0	0	0	0	0	0	0	8,603,801	2,123,996
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		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	6,648	0	0	0	0	0	0	0	0	174,183	43,000
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	755,300	186,459
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		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	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	483,205	119,287
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		0	18,323,165	0	152,592,768	30,217,586							

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

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	313,343	112,764	17,751	250,485	0	52,413	0	178,731	0	78,036	201,496	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	265,066	95,390	0	211,892	0	21,029	0	90,063	0	118	57,337	0
40.00 Anesthesiology	14,715	5,296	0	11,763	0	0	0	0	0	2,306	30,265	0
41.00 Radiology - Diagnostic	197,429	71,050	10,324	157,824	0	37,879	0	10,117	0	15,394	329,795	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	96,311	34,660	0	76,991	0	2,286	0	0	0	8,463	30,489	0
44.00 Laboratory	103,305	37,177	0	82,581	0	49,627	0	0	0	8,313	365,667	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	13,338	4,800	0	10,663	0	0	0	0	0	0	4,020	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	22,573	8,123	184	18,044	0	727	0	3,928	0	114,610	1,189	0
49.00 Respiratory Therapy	26,056	9,377	430	20,829	0	27,811	0	86	0	464	151,835	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	54,109	19,473	0	43,255	0	2,044	0	0	0	0	26,627	0
54.00 Electroencephalography	0	0	0	0	0	1,347	0	0	0	0	2,449	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	767,075	385	54,722	0
55.01 Medical Supplies Charged - Implant	0	0	0	0	0	0	0	0	623,688	0	94,514	0
56.00 Drugs Charged to Patients	42,175	15,178	0	33,715	0	0	0	0	0	3,741,442	195,659	0
58.00 ASC (Non-Distinct Part)	250,161	90,027	8,008	199,978	0	16,229	0	29,190	0	15,037	55,966	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01 Therapies	36,559	13,157	383	29,225	0	44,237	0	37,841	0	0	82,680	0
59.02 Purchased Dialysis	0	0	0	0	0	0	0	0	0	0	3,119	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	149,908	53,948	294	119,836	0	16,184	0	8,314	0	57	5,427	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	608,245	218,891	40,859	486,228	0	62,723	0	283,289	0	153,392	409,324	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	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	20,278	7,297	0	16,210	20,634	848	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	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 Other Nonreimbursable	681,525	245,263	0	544,808	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	4,844,573	1,743,436	409,494	3,866,622	5,444,428	896,101	0	2,666,295	1,393,044	4,138,027	2,796,112	596,424

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

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	TOTAL
										STEP-DOWN ADJUSTMENT 26.00	COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	45,538	80,347	0	11,252,019	(129,944)	11,122,075
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	5,038,399	0	5,038,399
40.00 Anesthesiology	0	0	0	0	0	0	0	0	93,380	0	93,380
41.00 Radiology - Diagnostic	0	0	0	0	0	8,036	14,179	0	8,448,067	(22,931)	8,425,136
41.01	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,395,814	0	1,395,814
44.00 Laboratory	0	0	0	0	0	0	0	0	6,860,248	0	6,860,248
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	1,302,731	0	1,302,731
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	140,330	0	140,330
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	3,416,898	0	3,416,898
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	0	0	0	14,733	25,995	0	387,147	(42,040)	345,107
54.00 Electroencephalography	0	0	0	0	0	0	0	0	103,600	0	103,600
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	7,088,924	0	7,088,924
55.01 Medical Supplies Charged - Implant	0	0	0	0	0	0	0	0	5,392,979	0	5,392,979
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	9,581,051	0	9,581,051
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	3,054,514	0	3,054,514
59.00	0	0	0	0	0	0	0	0	0	0	0
59.01 Therapies	0	0	0	0	0	0	0	0	5,116,667	0	5,116,667
59.02 Purchased Dialysis	0	0	0	0	0	0	0	0	718,624	0	718,624
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	167,420	295,394	0	2,083,103	(477,734)	1,605,369
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	22,769	40,174	0	13,053,691	(64,972)	12,988,719
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0
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	282,450	0	282,450
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	941,759	0	941,759
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00 Other Nonreimbursable	0	0	0	0	0	0	0	0	2,074,087	0	2,074,087
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	0	0	0	0	0	478,151	843,647	0	152,592,768	(1,364,409)	151,228,359

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

	EMP BENE (GROSS SALARIES)	STAT 6.01 (Rev) (Rev)	STAT 6.02 (Rev) (Rev)	STAT 6.03 (Rev) (Rev)	STAT 6.04 (Rev) (Rev)	STAT 6.05 (Rev) (Rev)	STAT 6.06 (Rev) (Rev)	STAT 6.07 (Rev) (Rev)	STAT 6.08 (Rev) (Rev)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Rev) (Rev)
ANCILLARY COST CENTERS											
37.00	Operating Room	3,975,522								7,956,834	11,605
38.00	Recovery Room									0	
39.00	Delivery Room and Labor Room	1,760,636								3,446,642	9,817
40.00	Anesthesiology									23,285	545
41.00	Radiology - Diagnostic	2,594,605								6,092,101	7,312
41.01										0	
41.02										0	
42.00	Radiology - Therapeutic									0	
43.00	Radioisotope	217,912								919,596	3,567
44.00	Laboratory	2,657,721								4,983,353	3,826
44.01	Pathological Lab									0	
46.00	Whole Blood									1,018,480	494
47.00	Blood Storing and Processing									0	
48.00	Intravenous Therapy	80,931								0	836
49.00	Respiratory Therapy	1,906,557								2,550,401	965
50.00	Physical Therapy									0	
51.00	Occupational Therapy									0	
52.00	Speech Pathology									0	
53.00	Electrocardiology	79,797								161,133	2,004
54.00	Electroencephalography	61,241								80,043	
55.00	Medical Supplies Charged to Patients									5,025,990	
55.01	Medical Supplies Charged - Implant									3,749,218	
56.00	Drugs Charged to Patients									4,453,468	1,562
58.00	ASC (Non-Distinct Part)	988,013								1,916,738	9,265
59.00										0	
59.01	Therapies	2,932,331								3,907,862	1,354
59.02	Purchased Dialysis									573,842	
59.03										0	
60.00	Clinic	672,778								1,015,603	5,552
60.01	Other Clinic Services									0	
61.00	Emergency	5,049,373								8,603,801	22,527
62.00	Observation Beds									0	
71.00										0	
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	27,073								174,183	751
97.00	Research									0	
98.00	Physicians' Private Office									755,300	
99.00	Nonpaid Workers									0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00	Other Nonreimbursable									483,205	25,241
100.01										0	
100.02										0	
100.03										0	
100.04										0	
TOTAL	74,615,242	0	0	0	0	0	0	0	0	122,404,229	179,424
COST TO BE ALLOCATED	18,323,165	0	0	0	0	0	0	0	0	30,217,586	4,844,573
UNIT COST MULTIPLIER - SCH 8	0.245569	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.246867	27.000698

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (PATIENT DAYS)	STAT	
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev 4)	(Rev)	(Rev)	
ANCILLARY COST CENTERS													
37.00	Operating Room	11,605	62,735	11,605			45,598		84,753	47,660,131			
38.00	Recovery Room												
39.00	Delivery Room and Labor Room	9,817		9,817	1,389		22,977		128	13,561,905			
40.00	Anesthesiology	545		545					2,505	7,158,607			
41.00	Radiology - Diagnostic	7,312	36,487	7,312	2,502		2,581		16,719	78,006,935			
41.01													
41.02													
42.00	Radiology - Therapeutic												
43.00	Radioisotope	3,567		3,567		151			9,191	7,211,516			
44.00	Laboratory	3,826		3,826	3,278				9,028	86,491,710			
44.01	Pathological Lab												
46.00	Whole Blood	494		494						950,826			
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy	836	649	836	48		1,002		124,475	281,298			
49.00	Respiratory Therapy	965	1,519	965	1,837		22		504	35,913,742			
50.00	Physical Therapy												
51.00	Occupational Therapy												
52.00	Speech Pathology												
53.00	Electrocardiology	2,004		2,004		135				6,298,029			
54.00	Electroencephalography					89				579,377			
55.00	Medical Supplies Charged to Patients							4,611,167	418	12,943,530			
55.01	Medical Supplies Charged - Implant							3,749,218		22,355,553			
56.00	Drugs Charged to Patients	1,562		1,562					4,063,471	46,279,474			
58.00	ASC (Non-Distinct Part)	9,265	28,303	9,265	1,072		7,447		16,331	13,237,743			
59.00													
59.01	Therapies	1,354	1,354	1,354	2,922		9,654			19,556,466			
59.02	Purchased Dialysis									737,778			
59.03													
60.00	Clinic	5,552	1,040	5,552	1,069		2,121		62	1,283,643			
60.01	Other Clinic Services												
61.00	Emergency	22,527	144,405	22,527	4,143		72,273		166,595	96,818,008			
62.00	Observation Beds												
71.00													
82.00													
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	751		751	1,321	56							
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00	Other Nonreimburseable	25,241		25,241									
100.01													
100.02													
100.03													
100.04													
TOTAL		179,424	1,447,230	179,141	348,562	59,190	0	680,229	8,374,099	4,494,190	661,368,399	90,678	0
COST TO BE ALLOCATED		1,743,436	409,494	3,866,622	5,444,428	896,101	0	2,666,295	1,393,044	4,138,027	2,796,112	596,424	0
UNIT COST MULTIPLIER - SCH 8		9.716848	0.282950	21.584238	15.619684	15.139403	0.000000	3.919702	0.166352	0.920750	0.004228	6.577382	0.000000

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

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
(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
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					
3.01	Bruceville Terrace Capital					
4.00	New Cap Rel Costs-Movable Equipment					
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)			12,240	12,240	
26.00	Intensive Care Unit			880	880	
27.00	Coronary Care Unit					
30.00	Neonatal Intensive Care Unit					
30.01	Surgical Intensive Care					
30.02	Subprovider I					
31.00	Subprovider II					
32.00						
33.00	Nursery					
34.00	Skilled 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:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

	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 (Rev) (Rev)	19.03 (Rev) (Rev)	20.00 (Rev) (Rev)	21.00 (Rev) (Rev)	22.00 (Rev) (Rev)	23.00 (Rev) (Rev)	24.00 (Rev) (Rev)
ANCILLARY COST CENTERS							
37.00						2,720	2,720
38.00							
39.00							
40.00							
41.00					480	480	
41.01							
41.02							
42.00							
43.00							
44.00							
44.01							
46.00							
47.00							
48.00							
49.00							
50.00							
51.00							
52.00							
53.00					880	880	
54.00							
55.00							
55.01							
56.00							
58.00							
59.00							
59.01							
59.02							
59.03							
60.00					10,000	10,000	
60.01							
61.00					1,360	1,360	
62.00							
71.00							
82.00							
83.00							
84.00							
85.00							
86.00							
NONREIMBURSABLE COST CENTERS							
96.00							
97.00							
98.00							
99.00							
99.01							
99.02							
99.03							
99.04							
99.05							
100.00							
100.01							
100.02							
100.03							
100.04							
TOTAL	0	0	0	0	28,560	28,560	0
COST TO BE ALLOCATED	0	0	0	0	478,151	843,647	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	16.741983	29.539444	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

	GENERAL SERVICE COST CENTERS	AUDITED	REVISIONS (From Sch 10A)	REVISED
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	2,867,996	(44,711)	2,823,285
3.01	Bruceville Terrace Capital	451,227	0	451,227
4.00	New Cap Rel Costs-Movable Equipment	1,044,538	(18,927)	1,025,611
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	17,168,257	1,126,907	18,295,164
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	28,412,940	(1,051,697)	27,361,243
7.00	Maintenance and Repairs	3,313,230	0	3,313,230
8.00	Operation of Plant	1,398,253	0	1,398,253
9.00	Laundry and Linen Service	299,095	0	299,095
10.00	Housekeeping	2,553,670	0	2,553,670
11.00	Dietary	3,234,751	0	3,234,751
12.00	Cafeteria	0	0	0
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	1,707,716	0	1,707,716
15.00	Central Services & Supply	743,375	0	743,375
16.00	Pharmacy	2,715,827	0	2,715,827
17.00	Medical Records and Library	1,868,221	0	1,868,221
18.00	Social Service	416,462	0	416,462
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	307,877	0	307,877
23.00	Intern & Res Other Program	394,527	0	394,527
24.00	Paramedical Ed Program	0	0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	15,582,504	0	15,582,504
26.00	Intensive Care Unit	5,966,859	0	5,966,859
27.00	Coronary Care Unit	0	0	0
30.00	Neonatal Intensive Care Unit	1,820,456	0	1,820,456
30.01	Surgical Intensive Care	0	0	0
30.02	Subprovider I	0	0	0
31.00	Subprovider II	0	0	0
32.00		0	0	0
33.00	Nursery	915,003	0	915,003
34.00	Skilled Nursing Facility	9,215,557	63,639	9,279,196
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	0	0	0
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 6,759,364	\$ 0	\$ 6,759,364
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	2,827,160	0	2,827,160
40.00	Anesthesiology	12,897	0	12,897
41.00	Radiology - Diagnostic	5,315,571	0	5,315,571
41.01		0	0	0
41.02		0	0	0
42.00	Radiology - Therapeutic	0	0	0
43.00	Radioisotope	798,092	0	798,092
44.00	Laboratory	4,257,771	0	4,257,771
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	1,009,064	0	1,009,064
47.00	Blood Storing and Processing	0	0	0
48.00	Intravenous Therapy	(64,857)	0	(64,857)
49.00	Respiratory Therapy	2,063,816	0	2,063,816
50.00	Physical Therapy	0	0	0
51.00	Occupational Therapy	0	0	0
52.00	Speech Pathology	0	0	0
53.00	Electrocardiology	103,339	0	103,339
54.00	Electroencephalography	65,004	0	65,004
55.00	Medical Supplies Charged to Patients	5,025,990	0	5,025,990
55.01	Medical Supplies Charged - Implant	3,749,218	0	3,749,218
56.00	Drugs Charged to Patients	4,423,694	0	4,423,694
58.00	ASC (Non-Distinct Part)	1,497,510	0	1,497,510
59.00		0	0	0
59.01	Therapies	3,114,221	0	3,114,221
59.02	Purchased Dialysis	573,842	0	573,842
59.03		0	0	0
60.00	Clinic	744,561	0	744,561
60.01	Other Clinic Services	0	0	0
61.00	Emergency	6,934,439	0	6,934,439
62.00	Observation Beds	0	0	0
71.00		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
	SUBTOTAL	\$ 151,609,037	\$ 75,211	\$ 151,684,248
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	153,220	0	153,220
97.00	Research	0	0	0
98.00	Physicians' Private Office	755,300	0	755,300
99.00	Nonpaid Workers	0	0	0
99.01		0	0	0
99.02		0	0	0
99.03		0	0	0
99.04		0	0	0
99.05		0	0	0
100.00	Other Nonreimbursable	0	0	0
100.01		0	0	0
100.02		0	0	0
100.03		0	0	0
100.04		0	0	0
100.99	SUBTOTAL	\$ 908,520	\$ 0	\$ 908,520
101	TOTAL	\$ 152,517,557	\$ 75,211	\$ 152,592,768

(To Schedule 8)

Provider Name:
METHODIST HOSPITAL OF SACRAMENTO

Fiscal Period Ended:
JUNE 30, 2009

	TOTAL REV (Page 1 & 2)	AUDIT REV 1	AUDIT REV 2	AUDIT REV								
ANCILLARY COST CENTERS												
37.00 Operating Room	0											
38.00 Recovery Room	0											
39.00 Delivery Room and Labor Room	0											
40.00 Anesthesiology	0											
41.00 Radiology - Diagnostic	0											
41.01	0											
41.02	0											
42.00 Radiology - Therapeutic	0											
43.00 Radioisotope	0											
44.00 Laboratory	0											
44.01 Pathological Lab	0											
46.00 Whole Blood	0											
47.00 Blood Storing and Processing	0											
48.00 Intravenous Therapy	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											
54.00 Electroencephalography	0											
55.00 Medical Supplies Charged to Patients	0											
55.01 Medical Supplies Charged - Implant	0											
56.00 Drugs Charged to Patients	0											
58.00 ASC (Non-Distinct Part)	0											
59.00	0											
59.01 Therapies	0											
59.02 Purchased Dialysis	0											
59.03	0											
60.00 Clinic	0											
60.01 Other Clinic Services	0											
61.00 Emergency	0											
62.00 Observation Beds	0											
71.00	0											
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 Research	0											
98.00 Physicians' Private Office	0											
99.00 Nonpaid Workers	0											
99.01	0											
99.02	0											
99.03	0											
99.04	0											
99.05	0											
100.00 Other Nonreimbursable	0											
100.01	0											
100.02	0											
100.03	0											
100.04	0											
101.00 TOTAL	\$75,211	75,211	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name							Fiscal Period		Provider Number		Revision
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2008 THROUGH JUNE 30, 2009		1467560599		7
Report References											
Rev. No.	Revised Report	COST REPORT					Explanation of Audit Revisions	As Audited	Increase (Decrease)	As Revised	
		Work Sheet	Part	Title	Line	Col.					
1	10A	A			3.00	7	New Cap Rel Costs-Bldg & Fixtures	\$2,867,996	(\$44,711)	\$2,823,285	
	10A	A			4.00	7	New Cap Rel Costs-Movable Equipment	1,044,538	(18,927)	1,025,611	
	10A	A			6.00	7	Administrative and General	28,412,940	75,210	28,488,150 *	
	10A	A			34.00	7	Skilled Nursing Facility	9,215,557	63,639	9,279,196	
2	10A	A			5.00	7	Employee Benefits	\$17,168,257	\$1,126,907	\$18,295,164	
	10A	A			6.00	7	Administrative and General	* 28,488,150	(1,126,907)	27,361,243	
Appeal Findings - Issue No. 2, Adjustments 2 and 3											
3	4	D-1	I	XIX	2.00	1	Adults and Pediatrics (Patient Days)	27,247	(121)	27,126	
	4A	D-1	II	XIX	2.00	2	Nursery	2,016	(30)	1,986	
	4A	D-1	II	XIX	17.00	2	Neonatal ICU	1,870	(11)	1,859	
	DPNF 1	S-3			4.00		Skilled Nursing Facility	56,059	(59)	56,000	
4	9	B-1			25.00	17	Adults and Pediatrics (Gross Revenue)	77,951,104	(378,236)	77,572,868	
	9	B-1			26.00	17	Intensive Care Unit	34,804,384	(7,680)	34,796,704	
	9	B-1			30.00	17	Neonatal Intensive Care Unit	7,949,195	(38,390)	7,910,805	
	9	B-1			33.00	17	Nursery	3,505,156	(52,294)	3,452,862	
	9	B-1			34.00	17	Skilled Nursing Facility	40,351,369	(42,480)	40,308,889	
	9	B-1			37.00	17	Operating Room	48,387,410	(727,279)	47,660,131	
	9	B-1			39.00	17	Delivery Room and Labor Room	13,829,185	(267,280)	13,561,905	
	9	B-1			40.00	17	Anesthesiology	7,226,586	(67,979)	7,158,607	
	9	B-1			41.00	17	Radiology - Diagnostic	78,329,425	(322,490)	78,006,935	
	9	B-1			43.00	17	Radioisotope	7,271,197	(59,681)	7,211,516	
	9	B-1			44.00	17	Laboratory	86,727,880	(236,170)	86,491,710	
	9	B-1			46.00	17	Whole Blood	951,734	(908)	950,826	
	9	B-1			49.00	17	Respiratory Therapy	35,948,231	(34,489)	35,913,742	
	9	B-1			53.00	17	Electrocardiology	6,329,001	(30,972)	6,298,029	
	9	B-1			54.00	17	Electroencephalography	581,875	(2,498)	579,377	
	9	B-1			55.00	17	Medical Supplies Charged to Patients	12,945,766	(2,236)	12,943,530	
	9	B-1			56.00	17	Drugs Charged to Patients	46,454,037	(174,563)	46,279,474	

- Continued on Next Page -

Provider Name							Fiscal Period		Provider Number		Revision
METHODIST HOSPITAL OF SACRAMENTO							JULY 1, 2008 THROUGH JUNE 30, 2009		1467560599		7
Report References											
Rev. No.	Revised Report	COST REPORT					Explanation of Audit Revisions	As Audited	Increase (Decrease)	As Revised	
		Work Sheet	Part	Title	Line	Col.					
-Continued From Previous Page											
4	9	B-1			58.00	17	ASC (Non-Distinct Part)	13,447,455	(209,712)	13,237,743	
	9	B-1			59.01	17	Therapies	19,650,673	(94,207)	19,556,466	
	9	B-1			61.00	17	Emergency	97,256,856	(438,848)	96,818,008	
	9	B-1			101.00	17	Total Gross Revenue	664,556,791	(3,188,392)	661,368,399	
5	5	C	I		37.00	8	Operating Room	\$48,387,410	(\$727,279)	\$47,660,131	
	5	C	I		39.00	8	Delivery Room and Labor Room	13,829,185	(267,280)	13,561,905	
	5	C	I		40.00	8	Anesthesiology	7,226,586	(67,979)	7,158,607	
	5	C	I		41.00	8	Radiology - Diagnostic	78,329,425	(322,490)	78,006,935	
	5	C	I		43.00	8	Radioisotope	7,271,197	(59,681)	7,211,516	
	5	C	I		44.00	8	Laboratory	86,727,880	(236,170)	86,491,710	
	5	C	I		46.00	8	Whole Blood	951,734	(908)	950,826	
	5	C	I		49.00	8	Respiratory Therapy	35,948,231	(34,489)	35,913,742	
	5	C	I		53.00	8	Electrocardiology	6,329,001	(30,972)	6,298,029	
	5	C	I		54.00	8	Electroencephalography	581,875	(2,498)	579,377	
	5	C	I		55.00	8	Medical Supplies Charged to Patients	12,945,766	(2,236)	12,943,530	
	5	C	I		56.00	8	Drugs Charged to Patients	46,454,037	(174,563)	46,279,474	
	5	C	I		58.00	8	ASC (Non-Distinct Part)	13,447,455	(209,712)	13,237,743	
	5	C	I		59.01	8	Therapies	19,650,673	(94,207)	19,556,466	
	5	C	I		61.00	8	Emergency	97,256,856	(438,848)	96,818,008	
Appeal Findings - Issue No. 3, Adjustment 4											
6	9	B-1			34.00	3.01	Skilled Nursing Facility (Square Feet)	71,231	427	71,658	
	9	B-1			100.00	3.01	Other Nonreimbursable	915	(427)	488 *	
7	9	B-1			100.00	3.01	Other Nonreimbursable	* 488	(117)	371	
	9	B-1			101.00	3.01	Total Square Feet	80,669	(117)	80,552	
Appeal Findings - Issue No. 5, Adjustment 9											

*Balance carried forward from prior/to subsequent adjustments