

**REPORT
ON THE
COST REPORT REVIEW**

**HOLLYWOOD COMMUNITY HOSPITAL
HOLLYWOOD, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1023010113**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Celia Aviña
Auditor: Lok Lui**



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



EDMUND G. BROWN JR.
GOVERNOR

October 16, 2013

Lily Runke
Vice President of Government Programs
Alta Hospitals System, LLC
10780 Santa Monica Boulevard, Suite 400
Los Angeles, California 90025

HOLLYWOOD COMMUNITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1023010113
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the Provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited settlement for the fiscal period due the State in the amount of \$372,113 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

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

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—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | | SETTLEMENT | COST |
|---|-------------------------------------|--------------|-----------------|
| 1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1023010113 | Reported | \$ 0 | |
| | Net Change | \$ (361,120) | |
| | Audited Amount Due Provider (State) | \$ (361,120) | |
| | | | |
| 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: 1023010113 | Reported | | \$ 22,118,966 |
| | Net Change | | \$ (10,058,896) |
| | Audited Cost | | \$ 12,060,070 |
| | Audited Amount Due Provider (State) | \$ (10,993) | |
| | | | |
| 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) | | \$ (372,113) | |
| 9. Total Medi-Cal Cost | | | \$ 12,060,070 |

SUMMARY OF FINDINGS

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | | 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 (State) - (Lines 10 through 15) | \$ 0 | |
| 17. Total Combined Audited Settlement Due | Provider (State/CMSP/RHC) - (Line 8 + Line 16) | \$ (372,113) | |

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| | | REPORTED | AUDITED |
|--|----|----------|----------------|
| 1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3) | | \$ 0 | \$ 1,385,548 |
| 2. Excess Reasonable Cost Over Charges (Schedule 2) | | \$ 0 | \$ 0 |
| 3. Medi-Cal Inpatient Hospital Based Physician Services | | \$ 0 | \$ 0 |
| 4. | \$ | \$ 0 | \$ 0 |
| 5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4) | | \$ 0 | \$ 1,385,548 |
| 6. Interim Payments (Adj 14) | | \$ | \$ (1,746,668) |
| 7. Balance Due Provider (State) | | \$ 0 | \$ (361,120) |
| 8. Duplicate Payments (Adj) | | \$ 0 | \$ 0 |
| 9. | \$ | \$ 0 | \$ 0 |
| 10. | \$ | \$ 0 | \$ 0 |
| 11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State) | | \$ 0 | \$ (361,120) |

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
HOLLYWOOD COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1023010113

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 1,391,190

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 12) \$ 0 \$ 4,568,2153. Inpatient Ancillary Service Charges (Adj 12) \$ 0 \$ 3,728,6334. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 8,296,8485. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 6,905,6586. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
HOLLYWOOD COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1023010113

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

| REPORTED | AUDITED |
|----------|---------|
|----------|---------|

INPATIENT DAYS

| | | |
|--|--------|--------|
| 1. Total Inpatient Days (include private & swing-bed) (Adj) | 37,568 | 37,568 |
| 2. Inpatient Days (include private, exclude swing-bed) | 37,568 | 37,568 |
| 3. Private Room Days (exclude swing-bed private room) (Adj) | 0 | 0 |
| 4. Semi-Private Room Days (exclude swing-bed) (Adj) | 37,568 | 37,568 |
| 5. Medicare NF Swing-Bed Days through Dec 31 (Adj) | 0 | 0 |
| 6. Medicare NF Swing-Bed Days after Dec 31 (Adj) | 0 | 0 |
| 7. Medi-Cal NF Swing-Bed Days through July 31 (Adj) | 0 | 0 |
| 8. Medi-Cal NF Swing-Bed Days after July 31 (Adj) | 0 | 0 |
| 9. Medi-Cal Days (excluding swing-bed) (Adj) | 0 | 0 |

SWING-BED ADJUSTMENT

| | | |
|---|---------------|---------------|
| 17. Medicare NF Swing-Bed Rates through Dec 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 18. Medicare NF Swing-Bed Rates after Dec 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 21. Total Routine Serv Cost (Sch 8, Line 30, Col 27) | \$ 25,399,640 | \$ 25,394,231 |
| 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) | \$ 25,399,640 | \$ 25,394,231 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|--|---------------|---------------|
| 28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) | \$ 53,881,765 | \$ 53,881,765 |
| 29. Private Room Charges (excluding swing-bed charges) | \$ 0 | \$ 0 |
| 30. Semi-Private Room Charges (excluding swing-bed charges) | \$ 53,881,765 | \$ 53,881,765 |
| 31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28) | \$ 0.471396 | \$ 0.471295 |
| 32. Average Private Room Per Diem Charge (L 29 ÷ L 3) | \$ 0.00 | \$ 0.00 |
| 33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4) | \$ 1,434.25 | \$ 1,434.25 |
| 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) | \$ 25,399,640 | \$ 25,394,231 |

PROGRAM INPATIENT OPERATING COST

| | | |
|---|-----------|--------------|
| 38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2) | \$ 676.10 | \$ 675.95 |
| 39. Program General Inpatient Routine Service Cost (L 9 x L 38) | \$ 0 | \$ 0 |
| 40. Cost Applicable to Medi-Cal (Sch 4A) | \$ 0 | \$ 1,017,951 |
| 41. Cost Applicable to Medi-Cal (Sch 4B) | \$ 0 | \$ 0 |
| 42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41) | \$ 0 | \$ 1,017,951 |

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| SPECIAL CARE AND/OR NURSERY UNITS | REPORTED | AUDITED |
|---|--------------|--------------|
| NURSERY | | |
| 1. Total Inpatient Routine Cost (Sch 8, Line 43, 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 |
| INTENSIVE CARE UNIT | | |
| 6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27) | \$ 6,747,822 | \$ 6,713,123 |
| 7. Total Inpatient Days (Adj) | 1,864 | 1,864 |
| 8. Average Per Diem Cost | \$ 3,620.08 | \$ 3,601.46 |
| 9. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 10. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| CORONARY CARE UNIT | | |
| 11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27) | \$ 0 | \$ 0 |
| 12. Total Inpatient Days (Adj) | 0 | 0 |
| 13. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 14. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 15. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| BURN INTENSIVE CARE UNIT | | |
| 16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27) | \$ 0 | \$ 0 |
| 17. Total Inpatient Days (Adj) | 0 | 0 |
| 18. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 20. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| SURGICAL INTENSIVE CARE UNIT | | |
| 21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27) | \$ 0 | \$ 0 |
| 22. Total Inpatient Days (Adj) | 0 | 0 |
| 23. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 24. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 25. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| OTHER SPECIAL CARE (SPECIFY) | | |
| 26. Total Inpatient Routine Cost (Sch 8, Line 35, 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 |
| ADMINISTRATIVE DAYS (JANUARY 2011 - DECEMBER 2011) | | |
| 31. Per Diem Rate (Adj 9) | \$ 0.00 | \$ 351.26 |
| 32. Medi-Cal Inpatient Days (Adj 9) | 0 | 2,874 |
| 33. Cost Applicable to Medi-Cal | \$ 0 | \$ 1,009,521 |
| ADMINISTRATIVE DAYS (APRIL 2011 - DECEMBER 2011) | | |
| 34. Per Diem Rate (Adj 10) | \$ 0.00 | \$ 263.45 |
| 35. Medi-Cal Inpatient Days (Adj 10) | 0 | 32 |
| 36. Cost Applicable to Medi-Cal | \$ 0 | \$ 8,430 |
| 37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36) | \$ 0 | \$ 1,017,951 |

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
HOLLYWOOD COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1023010113

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| | | TOTAL ANCILLARY COST * | TOTAL ANCILLARY CHARGES (Adj 8) | RATIO COST TO CHARGES | MEDI-CAL CHARGES (From Schedule 6) | MEDI-CAL COST |
|-------------------------------|---|------------------------------|---------------------------------------|-----------------------------|--|-------------------|
| ANCILLARY COST CENTERS | | | | | | |
| 50.00 | Operating Room | \$ 1,378,830 | \$ 3,915,603 | 0.352137 | \$ 0 | \$ 0 |
| 51.00 | Recovery Room | 0 | 0 | 0.000000 | 0 | 0 |
| 52.00 | Labor Room and Delivery Room | 0 | 0 | 0.000000 | 0 | 0 |
| 53.00 | Anesthesiology | 0 | 0 | 0.000000 | 0 | 0 |
| 54.00 | Radiology-Diagnostic | 1,138,554 | 2,379,783 | 0.478428 | 17,087 | 8,175 |
| 55.00 | Radiology-Therapeutic | 0 | 0 | 0.000000 | 0 | 0 |
| 56.00 | Radioisotope | 235,269 | 427,995 | 0.549701 | 5,427 | 2,983 |
| 57.00 | Computed Tomography (CT) Scan | 665,525 | 2,845,585 | 0.233880 | 0 | 0 |
| 57.01 | Ultrasound | 320,420 | 1,967,482 | 0.162858 | 22,348 | 3,640 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 46,218 | 196,800 | 0.234847 | 0 | 0 |
| 59.00 | Cardiac Catheterization | 0 | 0 | 0.000000 | 0 | 0 |
| 60.00 | Laboratory | 2,593,557 | 24,600,167 | 0.105428 | 510,401 | 53,811 |
| 61.00 | PBP Clinical Laboratory Services-Program Only | 0 | 0 | 0.000000 | 0 | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | 323,629 | 135,002 | 2.397215 | 0 | 0 |
| 63.00 | Blood Storing, Processing, & Trans. | 0 | 0 | 0.000000 | 0 | 0 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 65.00 | Respiratory Therapy | 1,803,542 | 14,056,505 | 0.128307 | 0 | 0 |
| 66.00 | Physical Therapy | 827,908 | 236,257 | 3.504268 | 8,462 | 29,653 |
| 67.00 | Occupational Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 68.00 | Speech Pathology | 0 | 0 | 0.000000 | 4,042 | 0 |
| 69.00 | Electrocardiology | 0 | 0 | 0.000000 | 0 | 0 |
| 70.00 | Electroencephalography | 0 | 0 | 0.000000 | 0 | 0 |
| 71.00 | Medical Supplies Charged to Patients | 1,800,209 | 5,080,994 | 0.354303 | 0 | 0 |
| 72.00 | Implantable Devices Charged to Patients | 0 | 0 | 0.000000 | 0 | 0 |
| 73.00 | Drugs Charged to Patients | 4,091,544 | 47,032,322 | 0.086994 | 3,160,866 | 274,977 |
| 74.00 | Renal Dialysis | 329,823 | 810,080 | 0.407149 | 0 | 0 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0.000000 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 77.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 78.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 79.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 80.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 81.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 82.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 83.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 84.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 85.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 86.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 87.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 88.00 | Rural Health Clinic (RHC) | 0 | 0 | 0.000000 | 0 | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | 0 | 0 | 0.000000 | 0 | 0 |
| 90.00 | Clinic | 1,895,894 | 5,714,156 | 0.331789 | 0 | 0 |
| 91.00 | Emergency | 1,163,452 | 3,653,833 | 0.318420 | 0 | 0 |
| 92.00 | Observation Beds | 0 | 0 | 0.000000 | 0 | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 93.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.02 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.03 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.04 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.05 | | 0 | 0 | 0.000000 | 0 | 0 |
| TOTAL | | \$ 18,614,375 | \$ 113,052,564 | | \$ 3,728,633 | \$ 373,239 |

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| ANCILLARY CHARGES | | REPORTED | ADJUSTMENTS (Adj 11) | AUDITED |
|---|---|-------------|-------------------------|---------------------|
| 50.00 | Operating Room | \$ 0 | \$ 0 | \$ 0 |
| 51.00 | Recovery Room | 0 | 0 | 0 |
| 52.00 | Labor Room and Delivery Room | 0 | 0 | 0 |
| 53.00 | Anesthesiology | 0 | 0 | 0 |
| 54.00 | Radiology-Diagnostic | 0 | 17,087 | 17,087 |
| 55.00 | Radiology-Therapeutic | 0 | 0 | 0 |
| 56.00 | Radioisotope | 0 | 5,427 | 5,427 |
| 57.00 | Computed Tomography (CT) Scan | 0 | 0 | 0 |
| 57.01 | Ultrasound | 0 | 22,348 | 22,348 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 0 | 0 | 0 |
| 59.00 | Cardiac Catheterization | 0 | 0 | 0 |
| 60.00 | Laboratory | 0 | 510,401 | 510,401 |
| 61.00 | PBP Clinical Laboratory Services-Program Only | 0 | 0 | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | 0 | 0 | 0 |
| 63.00 | Blood Storing, Processing, & Trans. | 0 | 0 | 0 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0 |
| 65.00 | Respiratory Therapy | 0 | 0 | 0 |
| 66.00 | Physical Therapy | 0 | 8,462 | 8,462 |
| 67.00 | Occupational Therapy | 0 | 0 | 0 |
| 68.00 | Speech Pathology | 0 | 4,042 | 4,042 |
| 69.00 | Electrocardiology | 0 | 0 | 0 |
| 70.00 | Electroencephalography | 0 | 0 | 0 |
| 71.00 | Medical Supplies Charged to Patients | 0 | 0 | 0 |
| 72.00 | Implantable Devices Charged to Patients | 0 | 0 | 0 |
| 73.00 | Drugs Charged to Patients | 0 | 3,160,866 | 3,160,866 |
| 74.00 | Renal Dialysis | 0 | 0 | 0 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0 |
| 77.00 | | 0 | 0 | 0 |
| 78.00 | | 0 | 0 | 0 |
| 79.00 | | 0 | 0 | 0 |
| 80.00 | | 0 | 0 | 0 |
| 81.00 | | 0 | 0 | 0 |
| 82.00 | | 0 | 0 | 0 |
| 83.00 | | 0 | 0 | 0 |
| 84.00 | | 0 | 0 | 0 |
| 85.00 | | 0 | 0 | 0 |
| 86.00 | | 0 | 0 | 0 |
| 87.00 | | 0 | 0 | 0 |
| 88.00 | Rural Health Clinic (RHC) | 0 | 0 | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | 0 | 0 | 0 |
| 90.00 | Clinic | 0 | 0 | 0 |
| 91.00 | Emergency | 0 | 0 | 0 |
| 92.00 | Observation Beds | 0 | 0 | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | 0 | 0 |
| 93.01 | | | | 0 |
| 93.02 | | | | 0 |
| 93.03 | | | | 0 |
| 93.04 | | | | 0 |
| 93.05 | | | | 0 |
| TOTAL MEDI-CAL ANCILLARY CHARGES | | \$ 0 | \$ 3,728,633 | \$ 3,728,633 |

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| | | REPORTED | AUDITED |
|-----|--|--------------------------|---------------|
| 1. | Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3) | \$ 22,118,966 | \$ 12,060,070 |
| 2. | Excess Reasonable Cost Over Charges (Contract Sch 2) | \$ 0 | \$ 0 |
| 3. | Medi-Cal Inpatient Hospital Based Physician Services | \$ 0 | \$ 0 |
| 4. | | \$ 0 | \$ 0 |
| 5. | Subtotal (Sum of Lines 1 through 4) | \$ 22,118,966 | \$ 12,060,070 |
| 6. | \$ | \$ 0 | \$ 0 |
| 7. | | \$ 0 | \$ 0 |
| 8. | Total Medi-Cal Cost (Sum of Lines 5 through 7) | \$ 22,118,966 | \$ 12,060,070 |
| | | (To Summary of Findings) | |
| 9. | Medi-Cal Overpayments (Adj) | \$ 0 | \$ 0 |
| 10. | Medi-Cal Credit Balances (Adj 19) | \$ 0 | \$ (10,993) |
| 11. | | \$ 0 | \$ 0 |
| 12. | | \$ 0 | \$ 0 |
| 13. | TOTAL MEDI-CAL SETTLEMENT Due Provider (State) | \$ 0 | \$ (10,993) |
| | | (To Summary of Findings) | |

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

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| |
|-----------------|
| REPORTED |
|-----------------|

| |
|----------------|
| AUDITED |
|----------------|

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

| | | |
|--|----------------------|----------------------|
| 1. Cost of Covered Services (Contract Sch 3) | \$ <u>22,118,966</u> | \$ <u>12,162,043</u> |
|--|----------------------|----------------------|

CHARGES FOR MEDI-CAL INPATIENT SERVICES

| | | |
|---|----------------------|----------------------|
| 2. Inpatient Routine Service Charges (Adj 17) | \$ <u>34,817,640</u> | \$ <u>12,225,030</u> |
|---|----------------------|----------------------|

| | | |
|---|----------------------|----------------------|
| 3. Inpatient Ancillary Service Charges (Adj 17) | \$ <u>50,051,148</u> | \$ <u>34,257,302</u> |
|---|----------------------|----------------------|

| | | |
|--|----------------------|----------------------|
| 4. Total Charges - Medi-Cal Inpatient Services | \$ <u>84,868,788</u> | \$ <u>46,482,332</u> |
|--|----------------------|----------------------|

| | | |
|--|----------------------|----------------------|
| 5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) * | \$ <u>62,749,822</u> | \$ <u>34,320,289</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:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

| | REPORTED | AUDITED |
|--|----------|---------|
|--|----------|---------|

INPATIENT DAYS

| | | |
|--|--------|--------|
| 1. Total Inpatient Days (include private & swing-bed) (Adj) | 37,568 | 37,568 |
| 2. Inpatient Days (include private, exclude swing-bed) | 37,568 | 37,568 |
| 3. Private Room Days (exclude swing-bed private room) (Adj) | 0 | 0 |
| 4. Semi-Private Room Days (exclude swing-bed) (Adj) | 37,568 | 37,568 |
| 5. Medicare NF Swing-Bed Days through Dec 31 (Adj) | 0 | 0 |
| 6. Medicare NF Swing-Bed Days after Dec 31 (Adj) | 0 | 0 |
| 7. Medi-Cal NF Swing-Bed Days through July 31 (Adj) | 0 | 0 |
| 8. Medi-Cal NF Swing-Bed Days after July 31 (Adj) | 0 | 0 |
| 9. Medi-Cal Days (excluding swing-bed) (Adj 15) | 18,499 | 5,898 |

SWING-BED ADJUSTMENT

| | | |
|---|---------------|---------------|
| 17. Medicare NF Swing-Bed Rates through Dec 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 18. Medicare NF Swing-Bed Rates after Dec 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 21. Total Routine Serv Cost (Sch 8, Line 30, Col 27) | \$ 25,399,640 | \$ 25,394,231 |
| 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) | \$ 25,399,640 | \$ 25,394,231 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|--|---------------|---------------|
| 28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj) | \$ 53,881,765 | \$ 53,881,765 |
| 29. Private Room Charges (excluding swing-bed charges) (Adj) | \$ 0 | \$ 0 |
| 30. Semi-Private Room Charges (excluding swing-bed charges) (Adj) | \$ 53,881,765 | \$ 53,881,765 |
| 31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28) | \$ 0.471396 | \$ 0.471295 |
| 32. Average Private Room Per Diem Charge (L 29 ÷ L 3) | \$ 0.00 | \$ 0.00 |
| 33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4) | \$ 1,434.25 | \$ 1,434.25 |
| 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) | \$ 25,399,640 | \$ 25,394,231 |

PROGRAM INPATIENT OPERATING COST

| | | |
|---|---------------|--------------|
| 38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2) | \$ 676.10 | \$ 675.95 |
| 39. Program General Inpatient Routine Service Cost (L 9 x L 38) | \$ 12,507,174 | \$ 3,986,753 |
| 40. Cost Applicable to Medi-Cal (Contract Sch 4A) | \$ 2,624,558 | \$ 2,924,386 |
| 41. Cost Applicable to Medi-Cal (Contract Sch 4B) | \$ 0 | \$ 0 |
| 42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41) | \$ 15,131,732 | \$ 6,911,139 |

(To Contract Sch 3)

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

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| SPECIAL CARE AND/OR NURSERY UNITS | REPORTED | AUDITED |
|---|-----------------|----------------|
| NURSERY | | |
| 1. Total Inpatient Routine Cost (Sch 8, Line 43, 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 |
| INTENSIVE CARE UNIT | | |
| 6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27) | \$ 6,747,822 | \$ 6,713,123 |
| 7. Total Inpatient Days (Adj) | 1,864 | 1,864 |
| 8. Average Per Diem Cost | \$ 3,620.08 | \$ 3,601.46 |
| 9. Medi-Cal Inpatient Days (Adj 15) | 725 | 812 |
| 10. Cost Applicable to Medi-Cal | \$ 2,624,558 | \$ 2,924,386 |
| CORONARY CARE UNIT | | |
| 11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27) | \$ 0 | \$ 0 |
| 12. Total Inpatient Days (Adj) | 0 | 0 |
| 13. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 14. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 15. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| BURN INTENSIVE CARE UNIT | | |
| 16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27) | \$ 0 | \$ 0 |
| 17. Total Inpatient Days (Adj) | 0 | 0 |
| 18. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 20. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| SURGICAL INTENSIVE CARE UNIT | | |
| 21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27) | \$ 0 | \$ 0 |
| 22. Total Inpatient Days (Adj) | 0 | 0 |
| 23. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 24. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 25. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| OTHER SPECIAL CARE (SPECIFY) | | |
| 26. Total Inpatient Routine Cost (Sch 8, Line 35, 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) | \$ 2,624,558 | \$ 2,924,386 |

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| ANCILLARY COST CENTERS | | TOTAL ANCILLARY COST* | TOTAL ANCILLARY CHARGES (Adj 8) | RATIO COST TO CHARGES | MEDI-CAL CHARGES (Contract Sch 6) | MEDI-CAL COST |
|------------------------|---|-----------------------|---------------------------------|-----------------------|-----------------------------------|---------------------|
| 50.00 | Operating Room | \$ 1,378,830 | \$ 3,915,603 | 0.352137 | \$ 1,988,854 | \$ 700,350 |
| 51.00 | Recovery Room | 0 | 0 | 0.000000 | 0 | 0 |
| 52.00 | Labor Room and Delivery Room | 0 | 0 | 0.000000 | 0 | 0 |
| 53.00 | Anesthesiology | 0 | 0 | 0.000000 | 0 | 0 |
| 54.00 | Radiology-Diagnostic | 1,138,554 | 2,379,783 | 0.478428 | 827,541 | 395,919 |
| 55.00 | Radiology-Therapeutic | 0 | 0 | 0.000000 | 0 | 0 |
| 56.00 | Radioisotope | 235,269 | 427,995 | 0.549701 | 169,735 | 93,303 |
| 57.00 | Computed Tomography (CT) Scan | 665,525 | 2,845,585 | 0.233880 | 909,077 | 212,615 |
| 57.01 | Ultrasound | 320,420 | 1,967,482 | 0.162858 | 720,230 | 117,295 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 46,218 | 196,800 | 0.234847 | 47,730 | 11,209 |
| 59.00 | Cardiac Catheterization | 0 | 0 | 0.000000 | 0 | 0 |
| 60.00 | Laboratory | 2,593,557 | 24,600,167 | 0.105428 | 8,682,173 | 915,348 |
| 61.00 | PBP Clinical Laboratory Services-Program Only | 0 | 0 | 0.000000 | 0 | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | 323,629 | 135,002 | 2.397215 | 97,155 | 232,901 |
| 63.00 | Blood Storing, Processing, & Trans. | 0 | 0 | 0.000000 | 0 | 0 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 65.00 | Respiratory Therapy | 1,803,542 | 14,056,505 | 0.128307 | 3,780,343 | 485,043 |
| 66.00 | Physical Therapy | 827,908 | 236,257 | 3.504268 | 89,937 | 315,163 |
| 67.00 | Occupational Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 68.00 | Speech Pathology | 0 | 0 | 0.000000 | 0 | 0 |
| 69.00 | Electrocardiology | 0 | 0 | 0.000000 | 0 | 0 |
| 70.00 | Electroencephalography | 0 | 0 | 0.000000 | 0 | 0 |
| 71.00 | Medical Supplies Charged to Patients | 1,800,209 | 5,080,994 | 0.354303 | 636,620 | 225,556 |
| 72.00 | Implantable Devices Charged to Patients | 0 | 0 | 0.000000 | 0 | 0 |
| 73.00 | Drugs Charged to Patients | 4,091,544 | 47,032,322 | 0.086994 | 15,901,544 | 1,383,344 |
| 74.00 | Renal Dialysis | 329,823 | 810,080 | 0.407149 | 377,152 | 153,557 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0.000000 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 77.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 78.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 79.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 80.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 81.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 82.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 83.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 84.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 85.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 86.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 87.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 88.00 | Rural Health Clinic (RHC) | 0 | 0 | 0.000000 | 0 | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | 0 | 0 | 0.000000 | 0 | 0 |
| 90.00 | Clinic | 1,895,894 | 5,714,156 | 0.331789 | 0 | 0 |
| 91.00 | Emergency | 1,163,452 | 3,653,833 | 0.318420 | 29,211 | 9,301 |
| 92.00 | Observation Beds | 0 | 0 | 0.000000 | 0 | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 93.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.02 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.03 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.04 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.05 | | 0 | 0 | 0.000000 | 0 | 0 |
| | TOTAL | \$ 18,614,375 | \$ 113,052,564 | | \$ 34,257,302 | \$ 5,250,904 |

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1023010113

| ANCILLARY CHARGES | | REPORTED | ADJUSTMENTS (Adj 16) | AUDITED |
|---|---|----------------------|-------------------------|----------------------|
| 50.00 | Operating Room | \$ 1,615,723 | \$ 373,131 | \$ 1,988,854 |
| 51.00 | Recovery Room | 0 | | 0 |
| 52.00 | Labor Room and Delivery Room | 0 | | 0 |
| 53.00 | Anesthesiology | 0 | | 0 |
| 54.00 | Radiology-Diagnostic | 752,811 | 74,730 | 827,541 |
| 55.00 | Radiology-Therapeutic | 0 | | 0 |
| 56.00 | Radioisotope | 183,032 | (13,297) | 169,735 |
| 57.00 | Computed Tomography (CT) Scan | 1,141,213 | (232,136) | 909,077 |
| 57.01 | Ultrasound | 898,996 | (178,766) | 720,230 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 52,222 | (4,492) | 47,730 |
| 59.00 | Cardiac Catheterization | 0 | | 0 |
| 60.00 | Laboratory | 10,875,465 | (2,193,292) | 8,682,173 |
| 61.00 | PBP Clinical Laboratory Services-Program Only | 0 | | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | 0 | 97,155 | 97,155 |
| 63.00 | Blood Storing, Processing, & Trans. | 0 | | 0 |
| 64.00 | Intravenous Therapy | 0 | | 0 |
| 65.00 | Respiratory Therapy | 6,921,531 | (3,141,188) | 3,780,343 |
| 66.00 | Physical Therapy | 99,706 | (9,769) | 89,937 |
| 67.00 | Occupational Therapy | 0 | | 0 |
| 68.00 | Speech Pathology | 0 | | 0 |
| 69.00 | Electrocardiology | 0 | | 0 |
| 70.00 | Electroencephalography | 0 | | 0 |
| 71.00 | Medical Supplies Charged to Patients | 245,123 | 391,497 | 636,620 |
| 72.00 | Implantable Devices Charged to Patients | 0 | | 0 |
| 73.00 | Drugs Charged to Patients | 25,658,956 | (9,757,412) | 15,901,544 |
| 74.00 | Renal Dialysis | 630,800 | (253,648) | 377,152 |
| 75.00 | ASC (Non-Distinct Part) | 0 | | 0 |
| 76.00 | Other Ancillary (specify) | 0 | | 0 |
| 77.00 | | 0 | | 0 |
| 78.00 | | 0 | | 0 |
| 79.00 | | 0 | | 0 |
| 80.00 | | 0 | | 0 |
| 81.00 | | 0 | | 0 |
| 82.00 | | 0 | | 0 |
| 83.00 | | 0 | | 0 |
| 84.00 | | 0 | | 0 |
| 85.00 | | 0 | | 0 |
| 86.00 | | 0 | | 0 |
| 87.00 | | 0 | | 0 |
| 88.00 | Rural Health Clinic (RHC) | 0 | | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | 0 | | 0 |
| 90.00 | Clinic | 0 | | 0 |
| 91.00 | Emergency | 975,570 | (946,359) | 29,211 |
| 92.00 | Observation Beds | 0 | | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | | 0 |
| 93.01 | | 0 | | 0 |
| 93.02 | | 0 | | 0 |
| 93.03 | | 0 | | 0 |
| 93.04 | | 0 | | 0 |
| 93.05 | | 0 | | 0 |
| TOTAL MEDI-CAL ANCILLARY CHARGES | | \$ 50,051,148 | \$ (15,793,846) | \$ 34,257,302 |

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| TRIAL BALANCE EXPENSES | ALLOC COST 3.09 | EMPLOYEE BENEFITS 4.00 | ALLOC COST 5.01 | ALLOC COST 5.02 | ALLOC COST 5.03 | ALLOC COST 5.04 | ALLOC COST 5.05 | ALLOC COST 5.06 | ALLOC COST 5.07 | ALLOC COST 5.08 | ACCUMULATE COST | ADMINIS- TRATIVE & GENERAL 5.00 |
|---|-----------------------|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| 105.00 Kidney Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 106.00 Heart Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 107.00 Liver Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 108.00 Lung Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 109.00 Pancreas Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 110.00 Intestinal Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 111.00 Islet Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 112.00 Other Organ Acquisition (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 113.00 Interest Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 114.00 Utilization Review-SNF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 115.00 Ambulatory Surgical Center (Distinct Part) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 116.00 Hospice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 117.00 Public Relations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 200,725 | 157,197 |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 191.00 Research | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 192.00 Physicians' Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.00 Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.01 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.02 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.03 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.04 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>51,079,652</u> | <u>22,433,875</u> |

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| TRIAL BALANCE EXPENSES | MAINT & REPAIR 6.00 | OPERATION OF PLANT 7.00 | LAUNDRY & LINEN 8.00 | HOUSEKEEP 9.00 | DIETARY 10.00 | CAFETERIA 11.00 | MAINT OF PERSONNEL 12.00 | NURSING ADMIN 13.00 | CENTRAL SERVICE & SUPPLY 14.00 | PHARMACY 15.00 | MEDICAL RECORDS & LIBRARY 16.00 | SOCIAL SERVICE 17.00 |
|---|---------------------------|-------------------------------|----------------------------|-------------------|------------------|--------------------|--------------------------------|---------------------------|---|-------------------|--|----------------------------|
| 105.00 Kidney Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 106.00 Heart Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 107.00 Liver Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 108.00 Lung Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 109.00 Pancreas Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 110.00 Intestinal Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 111.00 Islet Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 112.00 Other Organ Acquisition (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 113.00 Interest Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 114.00 Utilization Review-SNF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 115.00 Ambulatory Surgical Center (Distinct Part) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 116.00 Hospice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 117.00 Public Relations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 191.00 Research | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 192.00 Physicians' Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.00 Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.01 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.02 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.03 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.04 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | | | | | | | | | | | |
| TOTAL | <u>2,295,912</u> | <u>905,718</u> | <u>542,600</u> | <u>1,306,718</u> | <u>1,575,195</u> | <u>901,650</u> | <u>0</u> | <u>1,270,730</u> | <u>170,480</u> | <u>1,506,665</u> | <u>1,611,107</u> | <u>819,239</u> |

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| TRIAL BALANCE EXPENSES | OTHER GEN | NONPHYSICIAN | NURSING | I & R SVC | I&R OTHER | PARAMEDICAL | ALLOC | ALLOC | SUBTOTAL | POST | TOTAL |
|---|------------|--------------|----------|----------------|-----------|-------------|----------|----------|-------------------|------------|-------------------|
| | SVC | ANESTHETIST | SCHOOL | SAL & BENEFITS | PROGRAM | EDUCATION | COST | COST | | STEP-DOWN | COST |
| | (SPECIFIC) | | | | COSTS | PROGRAM | 23.01 | 23.02 | 24.00 | ADJUSTMENT | 26.00 |
| | 18.00 | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | | | | 25.00 | |
| 105.00 Kidney Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 106.00 Heart Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 107.00 Liver Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 108.00 Lung Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 109.00 Pancreas Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 110.00 Intestinal Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 111.00 Islet Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 112.00 Other Organ Acquisition (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 113.00 Interest Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 114.00 Utilization Review-SNF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 115.00 Ambulatory Surgical Center (Distinct Part) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 116.00 Hospice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 117.00 Public Relations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 357,922 | 0 | 357,922 |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 191.00 Research | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 192.00 Physicians' Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.00 Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.01 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.02 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.03 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.04 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>51,079,652</u> | <u>0</u> | <u>51,079,652</u> |

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | EMP BENE (GROSS SALARIES) | STAT | RECON- CILIATION | ADM & GEN (ACCUM COST) 5.00 | MANT & REPAIRS (SQ FT) 6.00 (Adj) (Adj) |
|--------|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---------------------|--------------------------------------|--|
| | 4.00 (Adj) (Adj) | 5.01 (Adj) (Adj) | 5.02 (Adj) (Adj) | 5.03 (Adj) (Adj) | 5.04 (Adj) (Adj) | 5.05 (Adj) (Adj) | 5.06 (Adj) (Adj) | 5.07 (Adj) (Adj) | 5.08 (Adj) (Adj) | | | |
| 105.00 | Kidney Acquisition | | | | | | | | | | | 0 |
| 106.00 | Heart Acquisition | | | | | | | | | | | 0 |
| 107.00 | Liver Acquisition | | | | | | | | | | | 0 |
| 108.00 | Lung Acquisition | | | | | | | | | | | 0 |
| 109.00 | Pancreas Acquisition | | | | | | | | | | | 0 |
| 110.00 | Intestinal Acquisition | | | | | | | | | | | 0 |
| 111.00 | Islet Acquisition | | | | | | | | | | | 0 |
| 112.00 | Other Organ Acquisition (specify) | | | | | | | | | | | 0 |
| 113.00 | Interest Expense | | | | | | | | | | | 0 |
| 114.00 | Utilization Review-SNF | | | | | | | | | | | 0 |
| 115.00 | Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | | 0 |
| 116.00 | Hospice | | | | | | | | | | | 0 |
| 117.00 | Public Relations | | | | | | | | | | 200,725 | 0 |
| 190.00 | Gift, Flower, Coffee Shop, & Canteen | | | | | | | | | | | 0 |
| 191.00 | Research | | | | | | | | | | | 0 |
| 192.00 | Physicians' Private Offices | | | | | | | | | | | 0 |
| 193.00 | Nonpaid Workers | | | | | | | | | | | 0 |
| 193.01 | | | | | | | | | | | | 0 |
| 193.02 | | | | | | | | | | | | 0 |
| 193.03 | | | | | | | | | | | | 0 |
| 193.04 | | | | | | | | | | | | 0 |
| | TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 28,645,777 | 59,130 |
| | COST TO BE ALLOCATED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 22,433,875 | 2,295,912 |
| | UNIT COST MULTIPLIER - SCH 8 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | | 0.783148 | 38.828213 |

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | OPER PLANT (SQ FT) | LAUNDRY & LINEN (PAT DAYS) | HOUSE-KEEPING (SQ FT) | DIETARY (PATIENT DAYS) | CAFETERIA (GROSS SALARIES) | MANT OF PERSONNEL | NURSING ADMIN (NURS SAL) | CENT SERV & SUPPLY (CSTD REQUIS) | PHARMACY (COST REQUIS) | MED REC (PATIENT REVENUE) | SOC SERV (PATIENT DAYS) | OTHER SVC (TIME SPENT) |
|---|--------------------|----------------------------|-----------------------|------------------------|----------------------------|-------------------|--------------------------|----------------------------------|------------------------|---------------------------|-------------------------|------------------------|
| | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | 12.00 | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 |
| | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) |
| | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) |
| 105.00 Kidney Acquisition | | | | | | | | | | | | |
| 106.00 Heart Acquisition | | | | | | | | | | | | |
| 107.00 Liver Acquisition | | | | | | | | | | | | |
| 108.00 Lung Acquisition | | | | | | | | | | | | |
| 109.00 Pancreas Acquisition | | | | | | | | | | | | |
| 110.00 Intestinal Acquisition | | | | | | | | | | | | |
| 111.00 Islet Acquisition | | | | | | | | | | | | |
| 112.00 Other Organ Acquisition (specify) | | | | | | | | | | | | |
| 113.00 Interest Expense | | | | | | | | | | | | |
| 114.00 Utilization Review-SNF | | | | | | | | | | | | |
| 115.00 Ambulatory Surgical Center (Distinct Part) | | | | | | | | | | | | |
| 116.00 Hospice | | | | | | | | | | | | |
| 117.00 Public Relations | | | | | | | | | | | | |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | | | | | | | | | | | | |
| 191.00 Research | | | | | | | | | | | | |
| 192.00 Physicians' Private Offices | | | | | | | | | | | | |
| 193.00 Nonpaid Workers | | | | | | | | | | | | |
| 193.01 | | | | | | | | | | | | |
| 193.02 | | | | | | | | | | | | |
| 193.03 | | | | | | | | | | | | |
| 193.04 | | | | | | | | | | | | |
| TOTAL | 59,130 | 39,432 | 58,018 | 39,432 | 15,682,734 | 0 | 8,896,685 | 100 | 100 | 172,758,594 | 39,432 | 0 |
| COST TO BE ALLOCATED | 905,718 | 542,600 | 1,306,718 | 1,575,195 | 901,650 | 0 | 1,270,730 | 170,480 | 1,506,665 | 1,611,107 | 819,239 | 0 |
| UNIT COST MULTIPLIER - SCH 8 | 15.317399 | 13.760409 | 22.522633 | 39.947113 | 0.057493 | 0.000000 | 0.142832 | 1704.799598 | ##### | 0.009326 | 20.775982 | 0.000000 |

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | NONPHYSICIAN | NURSING SCHOOL | I&R SVC&SAL | I&R OTHER PROG (ASG TIME) | PARAMEDICAL ED. PROG (ASG TIME) | STAT (Adj) | STAT (Adj) |
|---------------------------------------|---|----------------|-------------|---------------------------|---------------------------------|------------|------------|
| | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | 23.02 |
| | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) |
| | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1.00 | Capital Related Costs-Buildings and Fixtures | | | | | | |
| 2.00 | Capital Related Costs-Movable Equipment | | | | | | |
| 3.00 | Other Capital Related Costs | | | | | | |
| 3.01 | | | | | | | |
| 3.02 | | | | | | | |
| 3.03 | | | | | | | |
| 3.04 | | | | | | | |
| 3.05 | | | | | | | |
| 3.06 | | | | | | | |
| 3.07 | | | | | | | |
| 3.08 | | | | | | | |
| 3.09 | | | | | | | |
| 4.00 | Employee Benefits | | | | | | |
| 5.01 | | | | | | | |
| 5.02 | | | | | | | |
| 5.03 | | | | | | | |
| 5.04 | | | | | | | |
| 5.05 | | | | | | | |
| 5.06 | | | | | | | |
| 5.07 | | | | | | | |
| 5.08 | | | | | | | |
| 5.00 | Administrative and General | | | | | | |
| 6.00 | Maintenance and Repairs | | | | | | |
| 7.00 | Operation of Plant | | | | | | |
| 8.00 | Laundry and Linen Service | | | | | | |
| 9.00 | Housekeeping | | | | | | |
| 10.00 | Dietary | | | | | | |
| 11.00 | Cafeteria | | | | | | |
| 12.00 | Maintenance of Personnel | | | | | | |
| 13.00 | Nursing Administration | | | | | | |
| 14.00 | Central Services and Supply | | | | | | |
| 15.00 | Pharmacy | | | | | | |
| 16.00 | Medical Records & Library | | | | | | |
| 17.00 | Social Service | | | | | | |
| 18.00 | Other General Service (specify) | | | | | | |
| 19.00 | Nonphysician Anesthetists | | | | | | |
| 20.00 | Nursing School | | | | | | |
| 21.00 | Intern & Res. Service-Salary & Fringes (Approved) | | | | | | |
| 22.00 | Intern & Res. Other Program Costs (Approved) | | | | | | |
| 23.00 | Paramedical Ed. Program (specify) | | | | | | |
| 23.01 | | | | | | | |
| 23.02 | | | | | | | |
| INPATIENT ROUTINE COST CENTERS | | | | | | | |
| 30.00 | Adults & Pediatrics (Gen Routine) | | | | | | |
| 31.00 | Intensive Care Unit | | | | | | |
| 32.00 | Coronary Care Unit | | | | | | |
| 33.00 | Burn Intensive Care Unit | | | | | | |
| 34.00 | Surgical Intensive Care Unit | | | | | | |
| 35.00 | Other Special Care (specify) | | | | | | |
| 40.00 | Subprovider - IPF | | | | | | |
| 41.00 | Subprovider - IRF | | | | | | |
| 42.00 | Subprovider (specify) | | | | | | |
| 43.00 | Nursery | | | | | | |
| 44.00 | Skilled Nursing Facility | | | | | | |
| 45.00 | Nursing Facility | | | | | | |
| 46.00 | Other Long Term Care | | | | | | |
| 47.00 | | | | | | | |

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | NONPHY- SICIAN ANE | NURSING SCHOOL | I&R SVC&SAL | I&R OTHER PROG (ASG TIME) | PARAMEDICAL ED. PROG (ASG TIME) | STAT | STAT |
|-------------------------------------|---|-------------------|----------------|---------------------------------|---------------------------------------|-------|-------|
| | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | 23.02 |
| | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) |
| | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) | (Adj) |
| ANCILLARY COST CENTERS | | | | | | | |
| 50.00 | Operating Room | | | | | | |
| 51.00 | Recovery Room | | | | | | |
| 52.00 | Labor Room and Delivery Room | | | | | | |
| 53.00 | Anesthesiology | | | | | | |
| 54.00 | Radiology-Diagnostic | | | | | | |
| 55.00 | Radiology-Therapeutic | | | | | | |
| 56.00 | Radioisotope | | | | | | |
| 57.00 | Computed Tomography (CT) Scan | | | | | | |
| 57.01 | Ultrasound | | | | | | |
| 58.00 | Magnetic Resonance Imaging (MRI) | | | | | | |
| 59.00 | Cardiac Catheterization | | | | | | |
| 60.00 | Laboratory | | | | | | |
| 61.00 | PBP Clinical Laboratory Services-Program Only | | | | | | |
| 62.00 | Whole Blood & Packed Red Blood Cells | | | | | | |
| 63.00 | Blood Storing, Processing, & Trans. | | | | | | |
| 64.00 | Intravenous Therapy | | | | | | |
| 65.00 | Respiratory Therapy | | | | | | |
| 66.00 | Physical Therapy | | | | | | |
| 67.00 | Occupational Therapy | | | | | | |
| 68.00 | Speech Pathology | | | | | | |
| 69.00 | Electrocardiology | | | | | | |
| 70.00 | Electroencephalography | | | | | | |
| 71.00 | Medical Supplies Charged to Patients | | | | | | |
| 72.00 | Implantable Devices Charged to Patients | | | | | | |
| 73.00 | Drugs Charged to Patients | | | | | | |
| 74.00 | Renal Dialysis | | | | | | |
| 75.00 | ASC (Non-Distinct Part) | | | | | | |
| 76.00 | Other Ancillary (specify) | | | | | | |
| 77.00 | | | | | | | |
| 78.00 | | | | | | | |
| 79.00 | | | | | | | |
| 80.00 | | | | | | | |
| 81.00 | | | | | | | |
| 82.00 | | | | | | | |
| 83.00 | | | | | | | |
| 84.00 | | | | | | | |
| 85.00 | | | | | | | |
| 86.00 | | | | | | | |
| 87.00 | | | | | | | |
| 88.00 | Rural Health Clinic (RHC) | | | | | | |
| 89.00 | Federally Qualified Health Center (FQHC) | | | | | | |
| 90.00 | Clinic | | | | | | |
| 91.00 | Emergency | | | | | | |
| 92.00 | Observation Beds | | | | | | |
| 93.00 | Other Outpatient Services (Specify) | | | | | | |
| 93.01 | | | | | | | |
| 93.02 | | | | | | | |
| 93.03 | | | | | | | |
| 93.04 | | | | | | | |
| 93.05 | | | | | | | |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 94.00 | Home Program Dialysis | | | | | | |
| 95.00 | Ambulance Services | | | | | | |
| 96.00 | Durable Medical Equipment-Rented | | | | | | |
| 97.00 | Durable Medical Equipment-Sold | | | | | | |
| 98.00 | Other Reimbursable (specify) | | | | | | |
| 99.00 | Outpatient Rehabilitation Provider (specify) | | | | | | |
| 100.00 | Intern-Resident Service (not appvd. tchng. prgm.) | | | | | | |
| 101.00 | Home Health Agency | | | | | | |

TRIAL BALANCE OF EXPENSES

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | | REPORTED | ADJUSTMENTS (From Sch 10A) | AUDITED |
|-------|---|------------|-------------------------------|------------|
| | GENERAL SERVICE COST CENTERS | | | |
| 1.00 | Capital Related Costs-Buildings and Fixtures | \$ 919,379 | \$ (19,600) | \$ 899,779 |
| 2.00 | Capital Related Costs-Movable Equipment | 709,099 | 410,998 | 1,120,097 |
| 3.00 | Other Capital Related Costs | 0 | 0 | 0 |
| 3.01 | | 0 | 0 | 0 |
| 3.02 | | 0 | 0 | 0 |
| 3.03 | | 0 | 0 | 0 |
| 3.04 | | 0 | 0 | 0 |
| 3.05 | | 0 | 0 | 0 |
| 3.06 | | 0 | 0 | 0 |
| 3.07 | | 0 | 0 | 0 |
| 3.08 | | 0 | 0 | 0 |
| 3.09 | | 0 | 0 | 0 |
| 4.00 | Employee Benefits | 0 | 0 | 0 |
| 5.01 | | 0 | 0 | 0 |
| 5.02 | | 0 | 0 | 0 |
| 5.03 | | 0 | 0 | 0 |
| 5.04 | | 0 | 0 | 0 |
| 5.05 | | 0 | 0 | 0 |
| 5.06 | | 0 | 0 | 0 |
| 5.07 | | 0 | 0 | 0 |
| 5.08 | | 0 | 0 | 0 |
| 5.00 | Administrative and General | 22,447,109 | (183,860) | 22,263,249 |
| 6.00 | Maintenance and Repairs | 1,030,753 | (19,704) | 1,011,049 |
| 7.00 | Operation of Plant | 507,932 | 0 | 507,932 |
| 8.00 | Laundry and Linen Service | 275,869 | 0 | 275,869 |
| 9.00 | Housekeeping | 698,086 | (189) | 697,897 |
| 10.00 | Dietary | 541,533 | 0 | 541,533 |
| 11.00 | Cafeteria | 505,651 | 0 | 505,651 |
| 12.00 | Maintenance of Personnel | 0 | 0 | 0 |
| 13.00 | Nursing Administration | 682,886 | 0 | 682,886 |
| 14.00 | Central Services and Supply | 66,924 | (29,220) | 37,704 |
| 15.00 | Pharmacy | 763,927 | 0 | 763,927 |
| 16.00 | Medical Records & Library | 792,066 | (7,474) | 784,592 |
| 17.00 | Social Service | 422,938 | 0 | 422,938 |
| 18.00 | Other General Service (specify) | 0 | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | 0 | 0 | 0 |
| 20.00 | Nursing School | 0 | 0 | 0 |
| 21.00 | Intern & Res. Service-Salary & Fringes (Approved) | 0 | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs (Approved) | 0 | 0 | 0 |
| 23.00 | Paramedical Ed. Program (specify) | 0 | 0 | 0 |
| 23.01 | | 0 | 0 | 0 |
| 23.02 | | 0 | 0 | 0 |
| | INPATIENT ROUTINE COST CENTERS | 0 | | |
| 30.00 | Adults & Pediatrics (Gen Routine) | 9,408,106 | (134,277) | 9,273,829 |
| 31.00 | Intensive Care Unit | 3,302,124 | (192) | 3,301,932 |
| 32.00 | Coronary Care Unit | 0 | 0 | 0 |
| 33.00 | Burn Intensive Care Unit | 0 | 0 | 0 |
| 34.00 | Surgical Intensive Care Unit | 0 | 0 | 0 |
| 35.00 | Other Special Care (specify) | 0 | 0 | 0 |
| 40.00 | Subprovider - IPF | 0 | 0 | 0 |
| 41.00 | Subprovider - IRF | 0 | 0 | 0 |
| 42.00 | Subprovider (specify) | 0 | 0 | 0 |
| 43.00 | Nursery | 0 | 0 | 0 |
| 44.00 | Skilled Nursing Facility | 0 | 0 | 0 |
| 45.00 | Nursing Facility | 0 | 0 | 0 |
| 46.00 | Other Long Term Care | 0 | 0 | 0 |
| 47.00 | | 0 | 0 | 0 |

TRIAL BALANCE OF EXPENSES

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | | REPORTED | ADJUSTMENTS (From Sch 10A) | AUDITED |
|-------|---|----------------------|-------------------------------|----------------------|
| | ANCILLARY COST CENTERS | | | |
| 50.00 | Operating Room | \$ 505,056 | \$ (23,800) | \$ 481,256 |
| 51.00 | Recovery Room | 0 | 0 | 0 |
| 52.00 | Labor Room and Delivery Room | 0 | 0 | 0 |
| 53.00 | Anesthesiology | 0 | 0 | 0 |
| 54.00 | Radiology-Diagnostic | 402,082 | 30,956 | 433,038 |
| 55.00 | Radiology-Therapeutic | 0 | 0 | 0 |
| 56.00 | Radioisotope | 129,702 | 0 | 129,702 |
| 57.00 | Computed Tomography (CT) Scan | 358,348 | 0 | 358,348 |
| 57.01 | Ultrasound | 175,636 | 0 | 175,636 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 24,890 | 0 | 24,890 |
| 59.00 | Cardiac Catheterization | 0 | 0 | 0 |
| 60.00 | Laboratory | 1,207,379 | (9,440) | 1,197,939 |
| 61.00 | PBP Clinical Laboratory Services-Program Only | 0 | 0 | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | 0 | 181,493 | 181,493 |
| 63.00 | Blood Storing, Processing, & Trans. | 0 | 0 | 0 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0 |
| 65.00 | Respiratory Therapy | 932,907 | (54,894) | 878,013 |
| 66.00 | Physical Therapy | 547,543 | (252,097) | 295,446 |
| 67.00 | Occupational Therapy | 0 | 0 | 0 |
| 68.00 | Speech Pathology | 0 | 0 | 0 |
| 69.00 | Electrocardiology | 0 | 0 | 0 |
| 70.00 | Electroencephalography | 0 | 0 | 0 |
| 71.00 | Medical Supplies Charged to Patients | 1,127,651 | (216,186) | 911,465 |
| 72.00 | Implantable Devices Charged to Patients | 0 | 0 | 0 |
| 73.00 | Drugs Charged to Patients | 1,203,552 | 0 | 1,203,552 |
| 74.00 | Renal Dialysis | 180,730 | 0 | 180,730 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0 |
| 77.00 | | 0 | 0 | 0 |
| 78.00 | | 0 | 0 | 0 |
| 79.00 | | 0 | 0 | 0 |
| 80.00 | | 0 | 0 | 0 |
| 81.00 | | 0 | 0 | 0 |
| 82.00 | | 0 | 0 | 0 |
| 83.00 | | 0 | 0 | 0 |
| 84.00 | | 0 | 0 | 0 |
| 85.00 | | 0 | 0 | 0 |
| 86.00 | | 0 | 0 | 0 |
| 87.00 | | 0 | 0 | 0 |
| 88.00 | Rural Health Clinic (RHC) | 0 | 0 | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | 0 | 0 | 0 |
| 90.00 | Clinic | 547,923 | 248,360 | 796,283 |
| 91.00 | Emergency | 540,272 | 0 | 540,272 |
| 92.00 | Observation Beds | 0 | 0 | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | 0 | 0 |
| 93.01 | | 0 | 0 | 0 |
| 93.02 | | 0 | 0 | 0 |
| 93.03 | | 0 | 0 | 0 |
| 93.04 | | 0 | 0 | 0 |
| 93.05 | | 0 | 0 | 0 |
| | SUBTOTAL | \$ 50,958,053 | \$ (79,126) | \$ 50,878,927 |
| | NONREIMBURSABLE COST CENTERS | | | |
| 94.00 | Home Program Dialysis | 0 | 0 | 0 |
| 95.00 | Ambulance Services | 0 | 0 | 0 |
| 96.00 | Durable Medical Equipment-Rented | 0 | 0 | 0 |
| 97.00 | Durable Medical Equipment-Sold | 0 | 0 | 0 |

TRIAL BALANCE OF EXPENSES

Provider Name:
HOLLYWOOD COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

| | | REPORTED | ADJUSTMENTS (From Sch 10A) | AUDITED |
|--------|--|---------------|-------------------------------|---------------|
| 98.00 | Other Reimbursable (specify) | 0 | 0 | 0 |
| 99.00 | Outpatient Rehabilitation Provider (specify) | 0 | 0 | 0 |
| 100.00 | Intern-Resident Service (not appvd. tchnng. prgm.) | 0 | 0 | 0 |
| 101.00 | Home Health Agency | 0 | 0 | 0 |
| 105.00 | Kidney Acquisition | 0 | 0 | 0 |
| 106.00 | Heart Acquisition | 0 | 0 | 0 |
| 107.00 | Liver Acquisition | 0 | 0 | 0 |
| 108.00 | Lung Acquisition | 0 | 0 | 0 |
| 109.00 | Pancreas Acquisition | 0 | 0 | 0 |
| 110.00 | Intestinal Acquisition | 0 | 0 | 0 |
| 111.00 | Islet Acquisition | 0 | 0 | 0 |
| 112.00 | Other Organ Acquisition (specify) | 0 | 0 | 0 |
| 113.00 | Interest Expense | 0 | 0 | 0 |
| 114.00 | Utilization Review-SNF | 0 | 0 | 0 |
| 115.00 | Ambulatory Surgical Center (Distinct Part) | 0 | 0 | 0 |
| 116.00 | Hospice | 0 | 0 | 0 |
| 117.00 | Public Relations | 0 | 200,725 | 200,725 |
| 190.00 | Gift, Flower, Coffee Shop, & Canteen | 0 | 0 | 0 |
| 191.00 | Research | 0 | 0 | 0 |
| 192.00 | Physicians' Private Offices | 0 | 0 | 0 |
| 193.00 | Nonpaid Workers | 0 | 0 | 0 |
| 193.01 | | 0 | 0 | 0 |
| 193.02 | | 0 | 0 | 0 |
| 193.03 | | 0 | 0 | 0 |
| 193.04 | | 0 | 0 | 0 |
| | SUBTOTAL | \$ 0 | \$ 200,725 | \$ 200,725 |
| 200 | TOTAL | \$ 50,958,053 | \$ 121,599 | \$ 51,079,652 |

(To Schedule 8)

| Provider Name | | | Fiscal Period | | | | Provider NPI | | Adjustments | |
|---|--------------|-------------|---|-------|-------|------|--|---------------|---------------------|---------------|
| HOLLYWOOD COMMUNITY HOSPITAL | | | JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 | | | | 1023010113 | | 19 | |
| 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> | | | | | | | | | | |
| 1 | 10A | A | | | 66.00 | 7 | Physical Therapy | \$547,543 | (\$252,097) | \$295,446 |
| | 10A | A | | | 90.00 | 7 | Clinic | 547,923 | 252,097 | 800,020 * |
| | | | | | | | To reconcile the reported expenses to agree with the provider's trial balance. | | | |
| | | | | | | | 42 CFR 413.20 and 413.24 | | | |
| | | | | | | | CMS Pub. 15-1, Sections 2300 and 2304 | | | |
| 2 | 10A | A | | | 71.00 | 7 | Medical Supplies Charged to Patients | \$1,127,651 | (\$34,693) | \$1,092,958 * |
| | 10A | A | | | 54.00 | 7 | Radiology-Diagnostic | 402,082 | 34,693 | 436,775 * |
| | | | | | | | To adjust the provider's reclassification of Medical Supplies Charged to Patients to agree with the trial balance. | | | |
| | | | | | | | 42 CFR 413.20, 413.24 and 413.50 | | | |
| | | | | | | | CMS Pub. 15-1, Sections 2300, 2304, and 2306 | | | |
| 3 | 10A | A | | | 71.00 | 7 | Medical Supplies Charged to Patients | * \$1,092,958 | (\$181,493) | \$911,465 |
| | 10A | A | | | 62.00 | 7 | Whole Blood & Packed Red Blood Cells | 0 | 181,493 | 181,493 |
| | | | | | | | To reverse the provider's reclassification of Whole Blood cost for proper matching of revenues and expenses. | | | |
| | | | | | | | 42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53 | | | |
| | | | | | | | CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304, and 2306 | | | |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | | | | | | Fiscal Period | | Provider NPI | | Adjustments |
|--|--------------|-------------|------|-------|------|---|---|-------------|---------------------|-------------|-------------|
| HOLLYWOOD COMMUNITY HOSPITAL | | | | | | | JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 | | 1023010113 | | 19 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | |
| <u>RECLASSIFICATIONS OF REPORTED COSTS</u> | | | | | | | | | | | |
| 4 | 10A | A | | 5.00 | 7 | Administrative and General | \$22,447,109 | (\$148,134) | \$22,298,975 * | | |
| | 10A | A | | 6.00 | 7 | Maintenance and Repairs | 1,030,753 | (19,704) | 1,011,049 | | |
| | 10A | A | | 9.00 | 7 | Housekeeping | 698,086 | (189) | 697,897 | | |
| | 10A | A | | 14.00 | 7 | Central Services and Supply | 66,924 | (29,220) | 37,704 | | |
| | 10A | A | | 16.00 | 7 | Medical Records & Library | 792,066 | (7,474) | 784,592 | | |
| | 10A | A | | 30.00 | 7 | Adults and Pediatrics | 9,408,106 | (134,277) | 9,273,829 | | |
| | 10A | A | | 31.00 | 7 | Intensive Care Unit | 3,302,124 | (192) | 3,301,932 | | |
| | 10A | A | | 54.00 | 7 | Radiology-Diagnostic | * 436,775 | (3,737) | 433,038 | | |
| | 10A | A | | 60.00 | 7 | Laboratory | 1,207,379 | (9,440) | 1,197,939 | | |
| | 10A | A | | 65.00 | 7 | Respiratory Therapy | 932,907 | (54,894) | 878,013 | | |
| | 10A | A | | 90.00 | 7 | Clinic | * 800,020 | (3,737) | 796,283 | | |
| | 10A | A | | 2.00 | 7 | Capital Related Costs-Movable Equipment | 709,099 | 410,998 | 1,120,097 | | |
| To reclassify equipment rental/lease expenses for proper cost determination. 42 CFR 413.5, 413.20, and 413.24 CMS Pub. 15-1, Sections 2300, 2304, 2306, 2307, 2806, and 2338B CMS Pub. 15-2, Section 2408 | | | | | | | | | | | |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | | Fiscal Period | | | | Provider NPI | | Adjustments | |
|--------------------------------------|--------------|-------------|---|-------|--------|------|---|----------------|---------------------|--------------|
| HOLLYWOOD COMMUNITY HOSPITAL | | | JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 | | | | 1023010113 | | 19 | |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted |
| Adj. No. | Audit Report | Cost Report | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | |
| ADJUSTMENTS TO REPORTED COSTS | | | | | | | | | | |
| 5 | 10A | A | | | 1.00 | 7 | Capital Related Costs-Buildings and Fixtures To abate office rental income against capital related cost center. 42 CFR 413.5 and 413.9 / CMS Pub. 15-1, Section 2328 | \$919,379 | (\$19,600) | \$899,779 |
| 6 | 10A | A | | | 5.00 | 7 | Administrative and General | * \$22,298,975 | (\$35,726) | \$22,263,249 |
| | 10A | A | | | 50.00 | 7 | Operating Room To eliminate physician compensation in excess of the reasonable compensation equivalents. 42 CFR 413.5, 413.9 and 415.70 CMS Pub. 15-1, Sections 2108.1, 2109.2 and 2182.6C | 505,056 | (23,800) | 481,256 |
| 7 | 10A | A | | | 117.00 | 7 | Public Relations To establish Public Relations as a nonreimbursable cost center. 42 CFR 413.5, 413.20, 413.24, and 413.9 CMS Pub. 15-1, Sections 2102.3, 2105.2, 2300, and 2328D | \$0 | \$200,725 | \$200,725 |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | | | | | | Fiscal Period | | Provider NPI | | Adjustments |
|--|---------------|-------------|------|-------|-------|------|--|--------------|---------------------|--------------|-------------|
| HOLLYWOOD COMMUNITY HOSPITAL | | | | | | | JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 | | 1023010113 | | 19 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | |
| <u>ADJUSTMENT TO REPORTED TOTAL CHARGES</u> | | | | | | | | | | | |
| 8 | 5, Contract 5 | C | I | | 60.00 | 8 | Laboratory | \$24,735,169 | (\$135,002) | \$24,600,167 | |
| | 5, Contract 5 | C | I | | 62.00 | 8 | Whole Blood & Packed Blood Cells To reclassify blood bank revenue to agree with the provider's working papers. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 | 0 | 135,002 | 135,002 | |

| Provider Name | | | Fiscal Period | | | | Provider NPI | | Adjustments | |
|---|--------------|--------------|---|-------|------|------|---|-------------|---------------------|-------------|
| HOLLYWOOD COMMUNITY HOSPITAL | | | JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 | | | | 1023010113 | | 19 | |
| Report References | | | | | | | | | | |
| Adj. No. | Audit Report | Cost Report | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted |
| | | Work Sheet | Part | Title | Line | Col. | | | | |
| ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT | | | | | | | | | | |
| 9 | 4A | Not Reported | | | | | Medi-Cal Administrative Days (January 2011 - December 2011) | 0 | 2,874 | 2,874 |
| | 4A | Not Reported | | | | | Medi-Cal Administrative Day Rate (January 2011 - December 2011) | \$0 | \$351.26 | \$351.26 |
| 10 | 4A | Not Reported | | | | | Medi-Cal Administrative Days (April 2011 - December 2011) | 0 | 32 | 32 |
| | 4A | Not Reported | | | | | Medi-Cal Administrative Day Rate (April 2011 - December 2011) | \$0 | \$263.45 | \$263.45 |
| 11 | 6 | Not Reported | | | | | Medi-Cal Ancillary Charges - Radiology - Diagnostic | \$0 | \$17,087 | \$17,087 |
| | 6 | Not Reported | | | | | Medi-Cal Ancillary Charges - Radioisotope | 0 | 5,427 | 5,427 |
| | 6 | Not Reported | | | | | Medi-Cal Ancillary Charges - Ultrasound | 0 | 22,348 | 22,348 |
| | 6 | Not Reported | | | | | Medi-Cal Ancillary Charges - Laboratory | 0 | 510,401 | 510,401 |
| | 6 | Not Reported | | | | | Medi-Cal Ancillary Charges - Physical Therapy | 0 | 8,462 | 8,462 |
| | 6 | Not Reported | | | | | Medi-Cal Ancillary Charges - Speech Pathology | 0 | 4,042 | 4,042 |
| | 6 | Not Reported | | | | | Medi-Cal Ancillary Charges - Drugs Charged to Patients | 0 | 3,160,866 | 3,160,866 |
| | 6 | Not Reported | | | | | Medi-Cal Ancillary Charges - Total | 0 | 3,728,633 | 3,728,633 |
| 12 | 2 | Not Reported | | | | | Medi-Cal Routine Service Charges | \$0 | \$4,568,215 | \$4,568,215 |
| | 2 | Not Reported | | | | | Medi-Cal Ancillary Service Charges | 0 | 3,728,633 | 3,728,633 |
| 13 | 3 | Not Reported | | | | | Medi-Cal Deductibles | \$0 | \$1,330 | \$1,330 |
| | 3 | Not Reported | | | | | Medi-Cal Coinsurance | 0 | 4,312 | 4,312 |
| 14 | 1 | Not Reported | | | | | Medi-Cal Interim Payments | \$0 | \$1,746,668 | \$1,746,668 |
| <p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data:</p> <p>Service Period: January 1, 2011 through December 31, 2011</p> <p>Payment Period: January 1, 2011 through April 21, 2013</p> <p>Report Date: April 22, 2013</p> <p>42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139</p> <p>CMS Pub. 15-1, Sections 2304, 2304, and 2408</p> <p>CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p> | | | | | | | | | | |

| Provider Name | | | | | | | Fiscal Period | Provider NPI | | Adjustments |
|---|--------------|------------|------|-------|--------|------|---|--------------|---------------------|--------------|
| HOLLYWOOD COMMUNITY HOSPITAL | | | | | | | JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 | 1023010113 | | 19 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted |
| Adj. No. | Audit Report | Work Sheet | Part | Title | Line | Col. | | | | |
| ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT | | | | | | | | | | |
| 15 | Contract 4 | D-1 | I | XIX | 9.00 | 1 | Medi-Cal Days - Adults and Pediatrics | 18,499 | (12,601) | 5,898 |
| | Contract 4A | D-1 | II | XIX | 43.00 | 4 | Medi-Cal Days - Intensive Care Unit | 725 | 87 | 812 |
| 16 | Contract 6 | D-3 | | XIX | 50.00 | 2 | Medi-Cal Ancillary Charges - Operating Room | \$1,615,723 | \$373,131 | \$1,988,854 |
| | Contract 6 | D-3 | | XIX | 54.00 | 2 | Medi-Cal Ancillary Charges - Radiology - Diagnostic | 752,811 | 74,730 | 827,541 |
| | Contract 6 | D-3 | | XIX | 56.00 | 2 | Medi-Cal Ancillary Charges - Radioisotope | 183,032 | (13,297) | 169,735 |
| | Contract 6 | D-3 | | XIX | 57.00 | 2 | Medi-Cal Ancillary Charges - CT Scan | 1,141,213 | (232,136) | 909,077 |
| | Contract 6 | D-3 | | XIX | 57.01 | 2 | Medi-Cal Ancillary Charges - Ultrasound | 898,996 | (178,766) | 720,230 |
| | Contract 6 | D-3 | | XIX | 58.00 | 2 | Medi-Cal Ancillary Charges - Magnetic Resonance Imaging | 52,222 | (4,492) | 47,730 |
| | Contract 6 | D-3 | | XIX | 60.00 | 2 | Medi-Cal Ancillary Charges - Laboratory | 10,875,465 | (2,193,292) | 8,682,173 |
| | Contract 6 | D-3 | | XIX | 62.00 | 2 | Medi-Cal Ancillary Charges - Whole Blood & Packed Red Blood | 0 | 97,155 | 97,155 |
| | Contract 6 | D-3 | | XIX | 65.00 | 2 | Medi-Cal Ancillary Charges - Respiratory Therapy | 6,921,531 | (3,141,188) | 3,780,343 |
| | Contract 6 | D-3 | | XIX | 66.00 | 2 | Medi-Cal Ancillary Charges - Physical Therapy | 99,706 | (9,769) | 89,937 |
| | Contract 6 | D-3 | | XIX | 71.00 | 2 | Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients | 245,123 | 391,497 | 636,620 |
| | Contract 6 | D-3 | | XIX | 73.00 | 2 | Medi-Cal Ancillary Charges - Drugs Charged to Patients | 25,658,956 | (9,757,412) | 15,901,544 |
| | Contract 6 | D-3 | | XIX | 74.00 | 2 | Medi-Cal Ancillary Charges - Renal Dialysis | 630,800 | (253,648) | 377,152 |
| | Contract 6 | D-3 | | XIX | 91.00 | 2 | Medi-Cal Ancillary Charges - Emergency | 975,570 | (946,359) | 29,211 |
| | Contract 6 | D-3 | | XIX | 202.00 | 2 | Medi-Cal Ancillary Charges - Total | 50,051,148 | (15,793,846) | 34,257,302 |
| 17 | Contract 2 | E-3 | VII | XIX | 8.00 | 1 | Medi-Cal Routine Service Charges | \$34,817,640 | (\$22,592,610) | \$12,225,030 |
| | Contract 2 | E-3 | VII | XIX | 9.00 | 1 | Medi-Cal Ancillary Service Charges | 50,051,148 | (15,793,846) | 34,257,302 |
| 18 | Contract 3 | E-3 | VII | XIX | 32.00 | 1 | Medi-Cal Deductibles | \$0 | \$2,716 | \$2,716 |
| | Contract 3 | E-3 | VII | XIX | 33.00 | 1 | Medi-Cal Coinsurance | 0 | 99,257 | 99,257 |
| To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through April 21, 2013 Report Date: April 22, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541 | | | | | | | | | | |

| Provider Name | | | Fiscal Period | | | | Provider NPI | | Adjustments | |
|------------------------------------|--------------|--------------|---|-------|------|------|--|-------------|---------------------|-------------|
| HOLLYWOOD COMMUNITY HOSPITAL | | | JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 | | | | 1023010113 | | 19 | |
| 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>ADJUSTMENT TO OTHER MATTERS</u> | | | | | | | | | | |
| 19 | Contract 1 | Not Reported | | | | | Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1 | \$0 | \$10,993 | \$10,993 |