

**REPORT
ON THE
COST REPORT REVIEW**

**LOS ROBLES HOSPITAL AND MEDICAL CENTER
THOUSAND OAKS, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1306890389**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Allen Dervi
Audit Supervisor: Debra K. Blake
Auditor: Robert Miles**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

January 31, 2014

Craig Corley
Associate Chief Financial Officer
Los Robles Hospital and Medical Center
215 West Janss Road
Thousand Oaks, CA 91360

LOS ROBLES HOSPITAL AND MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1306890389
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 data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (SUBPROVIDER Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
5. Audit Adjustments Schedule

Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Fee-For-Service Rates Development Division.

Craig Corley
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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

Allen Dervi, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
2. REHABILITATION (SCHEDULE 1-1) Provider NPI: 1306890389 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: 1306890389 Reported		\$ 8,303,525
Net Change		\$ (2,244,576)
Audited Cost		\$ 6,058,949
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1033163019 Reported		\$ 672.34
Net Change		\$ 56.07
Audited Cost Per Day		\$ 728.41
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)	\$ 0	
9. Total Medi-Cal Cost		\$ 6,058,949

SUMMARY OF FINDINGS

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

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)		\$ 0	

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

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

(To Summary of Findings)

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

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3-1)	\$ _____	\$ _____
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj)	\$ _____	\$ _____
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3. Inpatient Ancillary Service Charges (Adj)	\$ _____	\$ _____
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4. Total Charges - Medi-Cal Inpatient Services	\$ _____	\$ _____
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ _____	\$ _____
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ _____	\$ _____
	(To Schedule 1-1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1306890389

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5-1)	\$ <u>0</u>	\$ <u>0</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4-1)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>0</u>	\$ <u>0</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-1)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 2-1)	
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj)	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
	(To Schedule 1-1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1306890389

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 4)	3,018	0
2. Inpatient Days (include private, exclude swing-bed)	3,018	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 4)	3,018	0
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	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, Part I, Line 30, Col 26)	\$ 0	\$ 0
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 0	\$ 0

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 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)	\$ 0	\$ 0

PROGRAM INPATIENT OPERATING COST

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

(To Schedule 3-1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1306890389

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
INTENSIVE CARE UNIT		
1. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 12,129,521	\$ 11,660,541
2. Total Inpatient Days (Adj)	6,167	6,167
3. Average Per Diem Cost	\$ 1,966.84	\$ 1,890.80
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 26)	\$ 4,252,767	\$ 4,088,322
7. Total Inpatient Days (Adj)	1,862	1,862
8. Average Per Diem Cost	\$ 2,283.98	\$ 2,195.66
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 26)	\$ 6,659,581	\$ 6,402,091
12. Total Inpatient Days (Adj)	2,789	2,789
13. Average Per Diem Cost	\$ 2,387.80	\$ 2,295.48
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 0

(To Schedule 4-1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1306890389

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

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Contract Sch 5)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-1)	MEDI-CAL COST
50.00	Operating Room	\$ 16,351,919	\$ 134,267,241	0.121786	\$ 0	\$ 0
50.01	Open Heart	977,896	8,763,732	0.111584	0	0
50.02	Gastrointestinal	1,500,290	12,065,106	0.124350	0	0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	6,426,900	14,207,254	0.452368	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	9,685,324	62,132,061	0.155883	0	0
54.01	Ultrasound	1,083,565	6,938,906	0.156158	0	0
54.02	Moorpark Imaging	0	0	0.000000	0	0
55.00	Radiology-Therapeutic	803,129	10,107,395	0.079460	0	0
56.00	Radioisotope	0	0	0.000000	0	0
57.00	CT Scan	2,480,996	61,115,274	0.040595	0	0
58.00	Magnetic Resonance Imaging (MRI)	1,147,272	13,345,760	0.085965	0	0
59.00	Cardiac Catheterization	6,099,871	61,412,886	0.099326	0	0
60.00	Laboratory	13,600,046	289,502,064	0.046977	0	0
60.01	Blood Laboratory	0	0	0.000000	0	0
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	3,763,348	5,084,854	0.740109	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	5,931,240	67,723,717	0.087580	0	0
66.00	Physical Therapy	4,628,176	14,954,154	0.309491	0	0
67.00	Occupational Therapy	1,493,487	5,376,237	0.277794	0	0
68.00	Speech Pathology	619,414	2,211,159	0.280131	0	0
69.00	Electrocardiology	1,912,023	41,562,554	0.046004	0	0
69.01	Vascular Lab	1,338,267	12,646,848	0.105818	0	0
69.02	Cardiac Rehab	951,824	1,413,016	0.673612	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	11,369,655	64,277,011	0.176885	0	0
72.00	Implantable Devices Charged to Patients	18,680,566	94,226,496	0.198252	0	0
73.00	Drugs Charged to Patients	19,302,244	172,525,696	0.111880	0	0
74.00	Renal Dialysis	1,253,121	3,696,869	0.338968	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
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	11,253,589	94,676,534	0.118864	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

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	AUDITED
50.00	Operating Room	\$	\$	0
50.01	Open Heart			0
50.02	Gastrointestinal			0
51.00	Recovery Room			0
52.00	Delivery Room and Labor Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic			0
54.01	Ultrasound			0
54.02	Moorpark Imaging			0
55.00	Radiology-Therapeutic			0
56.00	Radioisotope			0
57.00	CT Scan			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory			0
60.01	Blood Laboratory			0
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy			0
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology			0
69.01	Vascular Lab			0
69.02	Cardiac Rehab			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients			0
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients			0
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency			0
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>8,303,525</u>	\$ <u>6,058,949</u>
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>8,303,525</u>	\$ <u>6,058,949</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u><u>8,303,525</u></u>	\$ <u><u>6,058,949</u></u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Medi-Cal Credit Balances (Adj)	\$ <u>0</u>	\$ <u>0</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
	(To Summary of Findings)	

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

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>8,305,230</u>	\$ <u>6,130,792</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9)	\$ <u>9,853,114</u>	\$ <u>8,655,221</u>
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3. Inpatient Ancillary Service Charges (Adj 9)	\$ <u>27,701,936</u>	\$ <u>18,909,591</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>37,555,050</u>	\$ <u>27,564,812</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>29,249,820</u>	\$ <u>21,434,020</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>3,893,431</u>	\$ <u>2,389,949</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>4,411,799</u>	\$ <u>3,740,843</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4. Medical and Other Services	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>8,305,230</u>	\$ <u>6,130,792</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ <u>Contract Sch 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>8,305,230</u>	\$ <u>6,130,792</u> (To Contract Sch 2)
9. Medi-Cal Deductible (Adj 10)	\$ <u>(1,705)</u>	\$ <u>(66,649)</u>
10. Medi-Cal Coinsurance (Adj 10)	\$ <u>0</u>	\$ <u>(5,194)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>8,303,525</u></u>	\$ <u><u>6,058,949</u></u> (To Contract Sch 1)

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

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 4)	52,760	55,778
2. Inpatient Days (include private, exclude swing-bed)	52,760	55,778
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 4)	52,760	55,778
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 7)	2,486	1,704

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 26)	\$ 57,465,263	\$ 58,429,433
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)	\$ 57,465,263	\$ 58,429,433

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adjs 5, 6)	\$ 101,660,706	\$ 109,498,117
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adjs 5, 6)	\$ 101,660,706	\$ 109,498,117
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.565265	\$ 0.533611
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)	\$ 1,926.85	\$ 1,963.11
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)	\$ 57,465,263	\$ 58,429,433

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,089.18	\$ 1,047.54
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 2,707,701	\$ 1,785,008
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 1,704,098	\$ 1,955,835
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 4,411,799	\$ 3,740,843

(To Contract Sch 3)

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

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 3,250,162	\$ 3,124,481
2. Total Inpatient Days (Adj)	4,232	4,232
3. Average Per Diem Cost	\$ 768.00	\$ 738.30
4. Medi-Cal Inpatient Days (Adj 7)	690	597
5. Cost Applicable to Medi-Cal	\$ 529,920	\$ 440,765
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 12,129,521	\$ 11,660,541
7. Total Inpatient Days (Adj)	6,167	6,167
8. Average Per Diem Cost	\$ 1,966.84	\$ 1,890.80
9. Medi-Cal Inpatient Days (Adj 7)	291	98
10. Cost Applicable to Medi-Cal	\$ 572,350	\$ 185,298
NEONATAL INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 26)	\$ 4,252,767	\$ 4,088,322
12. Total Inpatient Days (Adj)	1,862	1,862
13. Average Per Diem Cost	\$ 2,283.98	\$ 2,195.66
14. Medi-Cal Inpatient Days (Adj 7)	229	568
15. Cost Applicable to Medi-Cal	\$ 523,031	\$ 1,247,135
CORONARY CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 6,659,581	\$ 6,402,091
17. Total Inpatient Days (Adj)	2,789	2,789
18. Average Per Diem Cost	\$ 2,387.80	\$ 2,295.48
19. Medi-Cal Inpatient Days (Adj 7)	33	36
20. Cost Applicable to Medi-Cal	\$ 78,797	\$ 82,637
BURN INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
26. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 1,704,098	\$ 1,955,835

(To Contract Sch 4)

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

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
25. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj 5)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
50.00	Operating Room	\$ 16,351,919	\$ 134,267,241	0.121786	\$ 1,656,885	\$ 201,786
50.01	Open Heart	977,896	8,763,732	0.111584	0	0
50.02	Gastrointestinal	1,500,290	12,065,106	0.124350	78,423	9,752
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	6,426,900	14,207,254	0.452368	1,348,123	609,847
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	9,685,324	62,132,061	0.155883	483,184	75,320
54.01	Ultrasound	1,083,565	6,938,906	0.156158	174,866	27,307
54.02	Moorpark Imaging	0	0	0.000000	0	0
55.00	Radiology-Therapeutic	803,129	10,107,395	0.079460	113,393	9,010
56.00	Radioisotope	0	0	0.000000	0	0
57.00	CT Scan	2,480,996	61,115,274	0.040595	598,523	24,297
58.00	Magnetic Resonance Imaging (MRI)	1,147,272	13,345,760	0.085965	117,728	10,121
59.00	Cardiac Catheterization	6,099,871	61,412,886	0.099326	777,831	77,259
60.00	Laboratory	13,600,046	289,502,064	0.046977	4,996,486	234,722
60.01	Blood Laboratory	0	0	0.000000	0	0
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	3,763,348	5,084,854	0.740109	47,709	35,310
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	5,931,240	67,723,717	0.087580	1,566,414	137,186
66.00	Physical Therapy	4,628,176	14,954,154	0.309491	61,408	19,005
67.00	Occupational Therapy	1,493,487	5,376,237	0.277794	65,567	18,214
68.00	Speech Pathology	619,414	2,211,159	0.280131	26,687	7,476
69.00	Electrocardiology	1,912,023	41,562,554	0.046004	160,908	7,402
69.01	Vascular Lab	1,338,267	12,646,848	0.105818	0	0
69.02	Cardiac Rehab	951,824	1,413,016	0.673612	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	11,369,655	64,277,011	0.176885	1,872,367	331,194
72.00	Implantable Devices Charged to Patients	18,680,566	94,226,496	0.198252	0	0
73.00	Drugs Charged to Patients	19,302,244	172,525,696	0.111880	3,798,792	425,010
74.00	Renal Dialysis	1,253,121	3,696,869	0.338968	68,655	23,272
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	11,253,589	94,676,534	0.118864	895,642	106,459
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	\$ 142,654,162	\$ 1,254,232,824		\$ 18,909,591	\$ 2,389,949

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1306890389

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
50.00	Operating Room	\$ 1,360,606	\$ 296,279	\$ 1,656,885
50.01	Open Heart	0	0	0
50.02	Gastrointestinal	94,594	(16,171)	78,423
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	2,800,977	(1,452,854)	1,348,123
53.00	Anesthesiology	0	0	0
54.00	Radiology-Diagnostic	816,417	(333,233)	483,184
54.01	Ultrasound	257,094	(82,228)	174,866
54.02	Moorpark Imaging	0	0	0
55.00	Radiology-Therapeutic	188,471	(75,078)	113,393
56.00	Radioisotope	0	0	0
57.00	CT Scan	1,020,714	(422,191)	598,523
58.00	Magnetic Resonance Imaging (MRI)	191,379	(73,651)	117,728
59.00	Cardiac Catheterization	548,139	229,692	777,831
60.00	Laboratory	6,742,776	(1,746,290)	4,996,486
60.01	Blood Laboratory	0	0	0
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	81,528	(33,819)	47,709
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	3,260,447	(1,694,033)	1,566,414
66.00	Physical Therapy	174,857	(113,449)	61,408
67.00	Occupational Therapy	106,317	(40,750)	65,567
68.00	Speech Pathology	48,407	(21,720)	26,687
69.00	Electrocardiology	769,268	(608,360)	160,908
69.01	Vascular Lab	59,206	(59,206)	0
69.02	Cardiac Rehab	0	0	0
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	1,470,707	401,660	1,872,367
72.00	Implantable Devices Charged to Patients	556,594	(556,594)	0
73.00	Drugs Charged to Patients	5,553,295	(1,754,503)	3,798,792
74.00	Renal Dialysis	91,007	(22,352)	68,655
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Other Ancillary (specify)	0	0	0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	1,508,933	(613,291)	895,642
92.00	Observation Beds	203	(203)	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		\$ 27,701,936	\$ (8,792,345)	\$ 18,909,591

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

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1033163019

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 908,914	\$ 908,914
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 7,445,451	\$ 7,157,541	\$ (287,910)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 7,445,451	\$ 8,066,455	\$ 621,004
4. Total Distinct Part Patient Days (Adj)	11,074	11,074	0
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 672.34	\$ 728.41	\$ 56.07
DPNF OVERPAYMENTS AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Licensed Distinct Part Beds (C/R, W/S S-3)	42	42	0
10. Total Licensed Capacity (All levels) (Adj)	260	260	0
11. Total Medi-Cal DP Patient Days (Adj)	0	0	0
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 657,871	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 657,871	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 3,229,975	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,817,482	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 5,047,457	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1033163019

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 3,745,279	\$ 3,745,279	\$ 0
1.00	Capital Related Costs-Buildings and Fixtures	0	0	0
1.01	Capital Related Costs-Bldg & Fixt EC	66,064	66,065	1
1.02	Capital Related Costs-Bldg & Fixt WL	0	0	0
1.03	Capital Related Costs-Bldg & Fixt Moorpark	0	0	0
2.00	Capital Related Costs-Movable Equipment	295,391	295,391	0
3.00	Other Capital Related Cost	0	0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	854,858	854,798	(60)
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	874,228	648,595	(225,633)
6.00	Maintenance and Repairs	322,477	310,023	(12,454)
7.00	Operation of Plant	0	0	0
7.01	Operation of Plant	91,740	88,191	(3,549)
7.02	Operation of Plant	0	0	0
8.00	Laundry and Linen Service	194,976	187,439	(7,537)
9.00	Housekeeping	236,870	227,710	(9,160)
10.00	Dietary	357,635	343,810	(13,825)
11.00	Cafeteria	94,286	90,642	(3,644)
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	123,877	119,086	(4,791)
14.00	Central Services and Supply	0	0	0
15.00	Pharmacy	0	0	0
16.00	Medical Records & Library	43,639	41,954	(1,685)
17.00	Social Service	144,131	138,557	(5,574)
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
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 7,445,451	\$ 7,157,541	\$ (287,910)

(To DPNF Sch 1)

* From Schedule 8, line 44 plus line 45.

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

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1033163019

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 0	\$ N/A
1.01	Capital Related Costs-Bldg & Fixt EC	66,065	N/A
1.02	Capital Related Costs-Bldg & Fixt WL	0	N/A
1.03	Capital Related Costs-Bldg & Fixt Moorpark	0	N/A
2.00	Capital Related Costs-Movable Equipment	295,391	N/A
3.00	Other Capital Related Cost	0	N/A
3.04		0	N/A
3.05		0	N/A
3.06		0	N/A
3.07		0	N/A
3.08		0	N/A
3.09		0	N/A
4.00	Employee Benefits	11,248	843,550
5.01		0	0
5.02		0	0
5.03		0	0
5.04		0	0
5.05		0	0
5.06		0	0
5.07		0	0
5.08		0	0
5.00	Administrative and General	81,240	214,941
6.00	Maintenance and Repairs	110,900	92,877
7.00	Operation of Plant	0	0
7.01	Operation of Plant	1,277	3,379
7.02	Operation of Plant	0	0
8.00	Laundry and Linen Service	12,513	29,694
9.00	Housekeeping	11,262	163,824
10.00	Dietary	42,837	191,121
11.00	Cafeteria	11,293	50,387
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	4,183	88,098
14.00	Central Services and Supply	0	0
15.00	Pharmacy	0	0
16.00	Medical Records & Library	4,456	24,300
17.00	Social Service	5,205	115,309
18.00	Other General Service (specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0
23.00	Paramedical Ed. Program (specify)	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 657,871	\$ 1,817,482

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

(To DPNF SCH 1)

Provider Name:

Fiscal Period Ended:

LOS ROBLES HOSPITAL AND MEDICAL CENTER

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 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	29,491	3,855
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	124,801	16,315
194.01 Public Relations	0	87,201	0	0	0	0	0	0	0	0	787,855	102,992
194.02 Senior Friends	0	7,973	0	0	0	0	0	0	0	0	74,373	9,722
194.04 Non-Allowable Meals	0	0	0	0	0	0	0	0	0	0	30,325	3,964
194.05 East Campus Vacant Space	0	0	0	0	0	0	0	0	0	0	25,327	3,311
194.07 Westlake Vacant Space	0	0	0	0	0	0	0	0	0	0	0	0
194.08 Moorpark Vacant Space	0	0	0	0	0	0	0	0	0	0	58,198	7,608
TOTAL	0	<u>26,604,732</u>	0	0	0	0	0	0	0	0	<u>236,495,710</u>	<u>27,341,629</u>

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	OPERATION OF PLANT 7.01	OPERATION OF PLANT 7.02	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
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	24,820	12,369	0	0	0	18,230	0	0	0	0	0	0
192.00 Physicians' Private Offices	58,291	29,049	0	0	0	42,814	0	0	0	0	0	0
194.01 Public Relations	1,952	973	0	0	0	1,434	0	9,247	0	0	0	0
194.02 Senior Friends	9,205	697	2,221	0	0	6,761	0	845	0	0	0	0
194.04 Non-Allowable Meals	14,164	7,058	0	0	0	10,403	1,392,254	0	0	0	0	0
194.05 East Campus Vacant Space	0	0	33,809	0	0	0	0	0	0	0	0	0
194.07 Westlake Vacant Space	0	0	0	0	0	0	0	0	0	0	0	0
194.08 Moorpark Vacant Space	0	24,409	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>5,769,850</u>	<u>2,585,346</u>	<u>274,695</u>	<u>0</u>	<u>1,373,546</u>	<u>4,171,299</u>	<u>6,363,374</u>	<u>2,451,688</u>	<u>0</u>	<u>2,196,283</u>	<u>0</u>	<u>0</u>

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC AL & BENEFIT 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	SUBTOTAL 24.00	POST	TOTAL COST 26.00
										STEP-DOWN ADJUSTMENT (Adj 1) 25.00	
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	88,765	0	88,765
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	271,269	0	271,269
194.01 Public Relations	0	0	0	0	0	0	0	0	904,451	0	904,451
194.02 Senior Friends	0	0	0	0	0	0	0	0	103,824	0	103,824
194.04 Non-Allowable Meals	0	0	0	0	0	0	0	0	1,458,169	0	1,458,169
194.05 East Campus Vacant Space	0	0	0	0	0	0	0	0	62,446	0	62,446
194.07 Westlake Vacant Space	0	0	0	0	0	0	0	0	0	0	0
194.08 Moorpark Vacant Space	0	0	0	0	0	0	0	0	90,215	0	90,215
TOTAL	<u>3,832,723</u>	<u>1,015,341</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>236,495,710</u>	<u>0</u>	<u>236,495,710</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES)	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT TOTAL) 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	Other Special Purpose (specify)											0
190.00	Gift, Flower, Coffee Shop, & Canteen										29,491	941
192.00	Physicians' Private Offices										124,801	2,210
194.01	Public Relations	329,500									787,855	74
194.02	Senior Friends	30,128									74,373	349
194.04	Non-Allowable Meals										30,325	537
194.05	East Campus Vacant Space										25,327	
194.07	Westlake Vacant Space										0	
194.08	Moorpark Vacant Space										58,198	
	TOTAL	100,529,730	0	0	0	0	0	0	0		209,154,081	218,754
	COST TO BE ALLOCATED	26,604,732	0	0	0	0	0	0	0		27,341,629	5,769,850
	UNIT COST MULTIPLIER - SCH 8	0.264645	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.130725	26.375973

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT HOSP)	OPER PLANT (SQ FT EC)	OPER PLANT (SQ FT WL)	LAUNDRY & LINEN PATIENT DAYS	HOUSE-KEEPING (SQ FT HOSP)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	MANT OF PERSONNEL	NURSING ADMIN (NUR SAL)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)
	7.00	7.01	7.02	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
1.01	Capital Related Costs-Bldg & Fixt EC											
1.02	Capital Related Costs-Bldg & Fixt WL											
1.03	Capital Related Costs-Bldg & Fixt Moorpark											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Cost											
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											
7.01	Operation of Plant											
7.02	Operation of Plant											
8.00	1,003	142										
9.00	1,819	475										
10.00	8,086	3,877			11,963							
11.00						78,968						
12.00												
13.00	566				566		1,198,782					
14.00												
15.00												
16.00	5,157				5,157		1,543,898					
17.00	224	111			335		626,607					
18.00	Other General Service (specify)											
19.00	Nonphysician Anesthetists											
20.00	Nursing School											
21.00	Intern & Res. Service-Salary & Fringes (Approv)											
22.00	Intern & Res. Other Program Costs (Approver)											
23.00	Paramedical Ed. Program (specify)											
INPATIENT ROUTINE COST CENTERS												
30.00	69,609			52,008	69,609	52,008	24,837,029		26,587,620			103,864,427
31.00	9,401			6,167	9,401	6,167	5,894,767		6,212,849			38,189,565
31.01	2,088			1,862	2,088	1,862	2,193,547		2,203,292			12,691,327
32.00	5,172			2,789	5,172	2,789	3,280,567		3,513,017			17,036,735
33.00												
34.00												
35.00	Other Special Care (specify)											
40.00	Subprovider - IPF											
41.00		6,483		3,018	6,483	3,018	1,415,304		1,448,739			5,633,690
43.00	925			4,232	925	4,232	1,653,882		1,656,002			4,260,313
44.00		11,754		11,074	11,754	11,074	3,229,975		3,314,175			15,891,810
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT HOSP)	OPER PLANT (SQ FT EC)	OPER PLANT (SQ FT WL)	LAUNDRY & LINEN PATIENT DAYS	HOUSE-KEEPING (SQ FT HOSP)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	MANT OF PERSONNEL	NURSING ADMIN (NUR SAL)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)
	7.00	7.01	7.02	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00
	(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 Other Special Purpose (specify)												
190.00 Gift, Flower, Coffee Shop, & Canteen	941				941							
192.00 Physicians' Private Offices	2,210				2,210							
194.01 Public Relations	74				74		329,500					
194.02 Senior Friends	53	296			349		30,128					
194.04 Non-Allowable Meals	537				537	44,844						
194.05 East Campus Vacant Space		4,506										
194.07 Westlake Vacant Space			30,965									
194.08 Moorpark Vacant Space	1,857											
TOTAL	196,691	36,611	30,965	81,150	215,315	204,962	87,364,061	0	61,122,871	0	0	#####
COST TO BE ALLOCATED	2,585,346	274,695	0	1,373,546	4,171,299	6,363,374	2,451,688	0	2,196,283	0	0	3,832,723
UNIT COST MULTIPLIER - SCH 8	13.144200	7.503070	0.000000	16.926010	19.373007	31.046604	0.028063	0.000000	0.035932	0.000000	0.000000	0.002640

Provider Name:

LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:

DECEMBER 31, 2011

	SOC SERV (PATIENT DAYS) (Adj) (Adj)	OTHER SVC (TIME SPENT) (Adj) (Adj)	NONPHY- SICIAN ANE (Adj) (Adj)	NURSING SCHOOL (Adj) (Adj)	I&R SVC&SAL (Adj) (Adj)	I&R OTHER PROG (ASG TIME) (Adj) (Adj)	PARAMEDICAL ED. PROG (ASG TIME) (Adj) (Adj)
GENERAL SERVICE COST CENTERS							
1.00			19.00	20.00	21.00	22.00	23.00
1.01							
1.02							
1.03							
2.00							
3.00							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00							
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7.00							
7.01							
7.02							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
20.00							
21.00							
22.00							
23.00							
INPATIENT ROUTINE COST CENTERS							
30.00		52,008					
31.00		6,167					
31.01		1,862					
32.00		2,789					
33.00							
34.00							
35.00							
40.00							
41.00		3,018					
43.00		4,232					
44.00		11,074					
45.00							
46.00							
47.00							

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	SOC SERV (PATIENT DAYS)	OTHER SVC (TIME SPENT)	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)
	17.00	18.00	19.00	20.00	21.00	22.00	23.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room						
50.01	Open Heart						
50.02	Gastrointestinal						
51.00	Recovery Room						
52.00	Delivery Room and Labor Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
54.01	Ultrasound						
54.02	Moorpark Imaging						
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
57.00	CT Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
60.01	Blood 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						
69.01	Vascular Lab						
69.02	Cardiac Rehab						
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)						
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency						
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:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 9,721,231	\$ 2,356	\$ 9,723,587
1.01	Capital Related Costs-Bldg & Fixt EC	253,164	0	253,164
1.02	Capital Related Costs-Bldg & Fixt WL	0	0	0
1.03	Capital Related Costs-Bldg & Fixt Moorpark	0	0	0
2.00	Capital Related Costs-Movable Equipment	7,769,985	0	7,769,985
3.00	Other Capital Related Cost	0	0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	26,256,556	(1,915)	26,254,641
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	31,552,227	(9,511,615)	22,040,612
6.00	Maintenance and Repairs	2,810,214	0	2,810,214
7.00	Operation of Plant	2,286,450	0	2,286,450
7.01	Operation of Plant	242,937	0	242,937
7.02	Operation of Plant	0	0	0
8.00	Laundry and Linen Service	1,081,467	0	1,081,467
9.00	Housekeeping	2,901,027	0	2,901,027
10.00	Dietary	3,807,399	0	3,807,399
11.00	Cafeteria	0	0	0
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	1,533,921	0	1,533,921
14.00	Central Services and Supply	0	0	0
15.00	Pharmacy	0	0	0
16.00	Medical Records & Library	2,382,893	0	2,382,893
17.00	Social Service	683,618	0	683,618
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
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	30,241,557	0	30,241,557
31.00	Intensive Care Unit	6,969,116	0	6,969,116
31.01	Neonatal Intensive Care Unit	2,554,799	0	2,554,799
32.00	Coronary Care Unit	3,850,278	0	3,850,278
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	1,682,501	0	1,682,501
43.00	Nursery	1,895,153	0	1,895,153
44.00	Skilled Nursing Facility	3,745,279	0	3,745,279
45.00	Nursing Facility	0	0	0
46.00	Other Long Term Care	0	0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 10,042,793	\$ 0	\$ 10,042,793
50.01	Open Heart	529,013	0	529,013
50.02	Gastrointestinal	736,122	0	736,122
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	3,926,185	0	3,926,185
53.00	Anesthesiology	0	0	0
54.00	Radiology-Diagnostic	6,249,672	0	6,249,672
54.01	Ultrasound	733,319	0	733,319
54.02	Moorpark Imaging	0	0	0
55.00	Radiology-Therapeutic	502,751	0	502,751
56.00	Radioisotope	0	0	0
57.00	CT Scan	1,579,766	0	1,579,766
58.00	Magnetic Resonance Imaging (MRI)	656,642	0	656,642
59.00	Cardiac Catheterization	3,855,318	0	3,855,318
60.00	Laboratory	9,187,017	0	9,187,017
60.01	Blood Laboratory	0	0	0
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	3,122,868	0	3,122,868
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	3,970,257	0	3,970,257
66.00	Physical Therapy	2,881,279	0	2,881,279
67.00	Occupational Therapy	995,653	0	995,653
68.00	Speech Pathology	410,326	0	410,326
69.00	Electrocardiology	1,215,886	0	1,215,886
69.01	Vascular Lab	527,347	0	527,347
69.02	Cardiac Rehab	485,998	0	485,998
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	9,905,120	0	9,905,120
72.00	Implantable Devices Charged to Patients	16,300,880	0	16,300,880
73.00	Drugs Charged to Patients	15,389,827	0	15,389,827
74.00	Renal Dialysis	1,062,597	0	1,062,597
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Other Ancillary (specify)	0	0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	6,767,697	0	6,767,697
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01			0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	SUBTOTAL	\$ 245,256,105	\$ (9,511,174)	\$ 235,744,931
	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:
LOS ROBLES HOSPITAL AND MEDICAL CENTER

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	Other Special Purpose (specify)	0	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0
192.00	Physicians' Private Offices	0	0	0
194.01	Public Relations	696,475	0	696,475
194.02	Senior Friends	54,304	0	54,304
194.04	Non-Allowable Meals	0	0	0
194.05	East Campus Vacant Space	0	0	0
194.07	Westlake Vacant Space	0	0	0
194.08	Moorpark Vacant Space	0	0	0
	SUBTOTAL	\$ 750,779	\$ 0	\$ 750,779
200	TOTAL	\$ 246,006,884	\$ (9,511,174)	\$ 236,495,710

(To Schedule 8)

Provider Name							Fiscal Period		Provider NPI		Adjustments
LOS ROBLES HOSPITAL AND MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1306890389		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
RECLASSIFICATION OF REPORTED COSTS											
1	8.3	B	I		41.00	26	Subprovider I	\$3,185,810	(\$3,185,810)	\$0	
	8.3	B	I		30.00	26	Adults and Pediatrics	55,243,623	3,185,810	58,429,433	
							To reclassify Subprovider (Rehabilitation) costs to adults and pediatrics after step-down because the unit did not meet the criteria of a separate level of care. 42 CFR 413.20, 413.24 and 413.53(b)(c) CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3 and 2306				

Provider Name			Fiscal Period				Provider NPI		Adjustments	
LOS ROBLES HOSPITAL AND MEDICAL CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1306890389		11	
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 COSTS										
2	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	\$9,721,231	\$2,356	\$9,723,587
	10A	A			4.00	7	Employee Benefits	26,256,556	(1,915)	26,254,641
	10A	A			5.00	7	Administrative and General	31,552,227	(6,508,030)	25,044,197 *
							To adjust home office costs to agree with the filed HCA home office cost report for the fiscal year ended December 31, 2011.			
							42 CFR 413.17 and 413.24			
							CMS Pub. 15-1, Sections 2150.2 and 2304			
3	10A	A			5.00	7	Administrative and General	* \$25,044,197	(\$3,003,585)	\$22,040,612
							To eliminate nonallowable quality assurance fees under the Medi-Cal reimbursement program.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			
							W&I Code Sections 14168.32(i) and 14169.32(i)			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
LOS ROBLES HOSPITAL AND MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1306890389		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>											
4	4-1	D-1	I	XIX	1.00	1	Subprovider I (Inpatient Days)	3,018	(3,018)	0	
	4-1	D-1	I	XIX	4.00	1	Subprovider I (Semi-Private Room Days)	3,018	(3,018)	0	
	Contract 4	D-1	I	XIX	1.00	1	Adults and Pediatrics (Inpatient Days)	52,760	3,018	55,778	
	Contract 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days)	52,760	3,018	55,778	
To reclassify Subprovider (Rehabilitation) total inpatient days to the Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1											

Provider Name							Fiscal Period		Provider NPI		Adjustments
LOS ROBLES HOSPITAL AND MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1306890389		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENTS TO REPORTED TOTAL CHARGES</u>											
5	Contract 4	D-1		XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Charges)	\$101,660,706	\$2,203,721	\$103,864,427 *	
	Contract 4	D-1		XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges)	101,660,706	2,203,721	103,864,427 *	
	Contract 5	C	I	XIX	92.00	8	Observation Beds To reclassify observation bed total charges for proper matching of revenue and expense. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-1, Sections 2102, 2206, 2300, 2302.6, 2304 and 2306	2,203,721	(2,203,721)	0	
6	Contract 4	D-1		XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Charges)	* \$103,864,427	\$5,633,690	\$109,498,117	
	Contract 4	D-1		XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges) To include Subprovider (Rehabilitation) charges in adults and pediatrics in conjunction with adjustment number 1. 42 CFR 413.20 and 413.50 / CMS Pub. 15-1, Sections 2300 and 2336.1	* 103,864,427	5,633,690	109,498,117	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
LOS ROBLES HOSPITAL AND MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1306890389		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT												
7	Contract 4	D-1	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	2,486	(782)	1,704			
	Contract 4A	D-1	XIX	42.00	4	Medi-Cal Days - Nursery	690	(93)	597			
	Contract 4A	D-1	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	291	(193)	98			
	Contract 4A	D-1	XIX	43.01	4	Medi-Cal Days - Neonatal Intensive Care Unit	229	339	568			
	Contract 4A	D-1	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	33	3	36			
8	Contract 6	D-3	XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$1,360,606	\$296,279	\$1,656,885			
	Contract 6	D-3	XIX	50.02	2	Medi-Cal Ancillary Charges - Gastrointestinal	94,594	(16,171)	78,423			
	Contract 6	D-3	XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	2,800,977	(1,452,854)	1,348,123			
	Contract 6	D-3	XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	816,417	(333,233)	483,184			
	Contract 6	D-3	XIX	54.01	2	Medi-Cal Ancillary Charges - Ultrasound	257,094	(82,228)	174,866			
	Contract 6	D-3	XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	188,471	(75,078)	113,393			
	Contract 6	D-3	XIX	57.00	2	Medi-Cal Ancillary Charges - CT Scan	1,020,714	(422,191)	598,523			
	Contract 6	D-3	XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	191,379	(73,651)	117,728			
	Contract 6	D-3	XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	548,139	229,692	777,831			
	Contract 6	D-3	XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	6,742,776	(1,746,290)	4,996,486			
	Contract 6	D-3	XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	81,528	(33,819)	47,709			
	Contract 6	D-3	XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	3,260,447	(1,694,033)	1,566,414			
	Contract 6	D-3	XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	174,857	(113,449)	61,408			
	Contract 6	D-3	XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	106,317	(40,750)	65,567			
	Contract 6	D-3	XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	48,407	(21,720)	26,687			
	Contract 6	D-3	XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	769,268	(608,360)	160,908			
	Contract 6	D-3	XIX	69.01	2	Medi-Cal Ancillary Charges - Vascular Laboratory	59,206	(59,206)	0			
	Contract 6	D-3	XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,470,707	401,660	1,872,367			
	Contract 6	D-3	XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	556,594	(556,594)	0			
	Contract 6	D-3	XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	5,553,295	(1,754,503)	3,798,792			
	Contract 6	D-3	XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	91,007	(22,352)	68,655			
	Contract 6	D-3	XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	1,508,933	(613,291)	895,642			
	Contract 6	D-3	XIX	92.00	2	Medi-Cal Ancillary Charges - Observation Beds	203	(203)	0			
	Contract 6	D-3	XIX	200.00	2	Medi-Cal Ancillary Charges - Total	27,701,936	(8,792,345)	18,909,591			

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
LOS ROBLES HOSPITAL AND MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1306890389		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT												
-Continued from previous page-												
9	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$9,853,114	(\$1,197,893)	\$8,655,221		
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	27,701,936	(8,792,345)	18,909,591		
10	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	\$1,705	\$64,944	\$66,649		
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	0	5,194	5,194		
<p style="text-align: center;">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 May 31, 2013 Report Date: June 14, 2013 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>												

Provider Name			Fiscal Period				Provider NPI		Adjustments	
LOS ROBLES HOSPITAL AND MEDICAL CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1306890389		11	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF										
11	DPNF4	Not Reported					Total DPNF Ancillary Charges - Respiratory Therapy	\$0	\$48,307	\$48,307
	DPNF4	Not Reported					Total DPNF Ancillary Charges - Medical Supplies Charged to Patients	0	1,231,549	1,231,549
	DPNF4	Not Reported					Total DPNF Ancillary Charges - Drugs Charged to Patients	0	6,139,058	6,139,058
	DPNF4	Not Reported					Total DPNF Ancillary Charges - Total	0	7,418,914	7,418,914
							To include ancillary charges included in the rate that were not reported by the provider.			
							42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51511			