

**REPORT  
ON THE  
COST REPORT REVIEW**

**WOODLAND HEALTHCARE  
WOODLAND, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1922116037**

**FISCAL PERIOD ENDED  
June 30, 2011**

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

**Section Chief: Robert G. Kwick  
Audit Supervisor: Gary Diffenderffer  
Auditor: Firas Yaghmour**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

October 28, 2013

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

WOODLAND HEALTHCARE  
NATIONAL PROVIDER IDENTIFIER (NPI) 1922116037  
FISCAL PERIOD ENDED JUNE 30, 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 combined settlement for the fiscal period due the provider in the amount of \$113,866, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement 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—Sacramento at (916) 650-6994.

**Original Signe By**

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

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
WOODLAND HEALTHCARE

**Fiscal Period Ended:**  
JUNE 30, 2011

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1922116037</b>	Reported	\$ 206,518	
	Net Change	\$ (92,652)	
	Audited Amount Due Provider (State)	\$ 113,866	
<b>2. SUBPROVIDER - IPF (SCHEDULE 1-1)</b> <b>Provider NPI: 1922116037</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>		\$ 113,866	
<b>9. Total Medi-Cal Cost</b>			\$ 0

**SUMMARY OF FINDINGS**

**Provider Name:**  
WOODLAND HEALTHCARE

**Fiscal Period Ended:**  
JUNE 30, 2011

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ 113,866	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
WOODLAND HEALTHCAREFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1922116037

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>2,192,014</u>	\$ <u>1,861,944</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4. AB 5 and AB 1183 Reductions ( Schedule A) (Adj 1)	\$ <u>(182,596)</u>	\$ <u>(151,183)</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>2,009,418</u>	\$ <u>1,710,761</u>
6. Interim Payments (Adj 10)	\$ <u>(1,802,900)</u>	\$ <u>(1,588,314)</u>
7. Balance Due Provider (State)	\$ <u>206,518</u>	\$ <u>122,447</u>
8. Duplicate Payments (Adj )	\$ <u>0</u>	\$ <u>0</u>
9. Overpayments (Adj 12,13)	\$ <u>0</u>	\$ <u>(8,581)</u>
10. \$	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>206,518</u>	\$ <u>113,866</u>
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT  
AB 5 and AB 1183 - SUMMARY OF REDUCTIONSProvider Name:  
WOODLAND HEALTHCAREFiscal Period Ended:  
June 30, 2011Provider No.  
1922116037

1. 10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3. 10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3)	<u>0</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	<u>151,183</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>0</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u>151,183</u> (To Schedule 1, Line 4)



COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
WOODLAND HEALTHCAREFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1922116037

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 2,192,014 \$ 1,867,775

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 8) \$ 2,722,124 \$ 2,256,9603. Inpatient Ancillary Service Charges (Adj 8) \$ 4,562,320 \$ 4,197,6454. Total Charges - Medi-Cal Inpatient Services \$ 7,284,444 \$ 6,454,6055. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 5,092,430 \$ 4,586,8306. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0

(To Schedule 1)

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

COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:  
WOODLAND HEALTHCAREFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1922116037

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 1,103,381	\$ 1,004,156
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 1,088,633	\$ 863,619
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch )	\$ 0	\$ 0
4. \$ \$	\$ 0	\$ 0
5. \$ \$	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 2,192,014	\$ 1,867,775
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 2,192,014	\$ 1,867,775
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj 9)	\$ 0	\$ (1,195)
10. Medi-Cal Coinsurance (Adj 9)	\$ 0	\$ (4,636)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 2,192,014	\$ 1,861,944
	(To Schedule 1)	

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
WOODLAND HEALTHCAREFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1922116037

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
<b>INPATIENT DAYS</b>		
1. Total Inpatient Days (include private & swing-bed) (Adj 5)	8,709.00	15,781.00
2. Inpatient Days (include private, exclude swing-bed)	8,709.00	15,781.00
3. Private Room Days (exclude swing-bed private room) (Adj )	0.00	0.00
4. Semi-Private Room Days (exclude swing-bed) (Adj 5)	8,709.00	15,781.00
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 6,11)	440.00	417.00

## 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)	\$ 12,854,993	\$ 19,146,088
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)	\$ 12,854,993	\$ 19,146,088

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.000000	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 12,854,993	\$ 19,146,088

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,476.06	\$ 1,213.24
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 649,466	\$ 505,921
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 439,167	\$ 357,698
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,088,633	\$ 863,619

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
WOODLAND HEALTHCAREFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1922116037

## SPECIAL CARE AND/OR NURSERY UNITS

	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 1,107,184	\$ 1,063,857
2. Total Inpatient Days (Adj )	1,197.00	1,197.00
3. Average Per Diem Cost	\$ 924.97	\$ 888.77
4. Medi-Cal Inpatient Days (Adj 6)	301.00	293.00
5. Cost Applicable to Medi-Cal	\$ 278,416	\$ 260,410
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 6,341,796	\$ 6,022,871
7. Total Inpatient Days (Adj )	2,012.00	2,012.00
8. Average Per Diem Cost	\$ 3,151.99	\$ 2,993.47
9. Medi-Cal Inpatient Days (Adj 6,11)	51.00	32.50
10. Cost Applicable to Medi-Cal	\$ 160,751	\$ 97,288
<b>CORONARY CARE UNIT</b>		
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
<b>BURN INTENSIVE CARE UNIT</b>		
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
<b>SURGICAL INTENSIVE CARE UNIT</b>		
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
<b>OTHER SPECIAL CARE (SPECIFY)</b>		
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
<b>ADMINISTRATIVE DAYS</b>		
21. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj )	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
21. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj )	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 439,167	\$ 357,698

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
WOODLAND HEALTHCAREFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1922116037

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:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

Provider NPI:  
1922116037

	TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>					
50.00 Operating Room	\$ 9,807,537	\$ 58,336,637	0.168120	\$ 940,013	\$ 158,035
51.00 Recovery Room	0	0	0.000000	0	0
52.00 Delivery Room and Labor Room	2,156,438	5,321,525	0.405229	1,275,417	516,836
53.00 Anesthesiology	26,463	6,321,067	0.004186	124,614	522
54.00 Radiology-Diagnostic	5,070,297	22,968,619	0.220749	105,711	23,336
55.00 Radiology-Therapeutic	0	0	0.000000	0	0
56.00 Radioisotope	435,960	3,318,667	0.131366	17,276	2,269
57.00 Computed Tomography (CT) Scan	833,498	30,327,082	0.027484	108,309	2,977
58.00 Magnetic Resonance Imaging (MRI)	373,789	10,551,031	0.035427	16,018	567
59.00 Cardiac Catheterization	590,339	3,856,149	0.153090	60,807	9,309
60.00 Laboratory	9,788,314	110,054,152	0.088941	476,899	42,416
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00 Blood Storing, Processing, & Trans.	641,442	783,377	0.818817	13,959	11,430
64.00 Intravenous Therapy	978,744	3,716,457	0.263354	0	0
65.00 Respiratory Therapy	2,322,592	15,673,682	0.148184	233,811	34,647
66.00 Physical Therapy	1,359,531	6,474,905	0.209969	19,227	4,037
67.00 Occupational Therapy	0	0	0.000000	0	0
68.00 Speech Pathology	0	0	0.000000	0	0
69.00 Electrocardiology	200,314	3,429,855	0.058403	18,480	1,079
70.00 Electroencephalography	36,014	246,102	0.146338	1,359	199
71.00 Medical Supplies Charged to Patients	4,253,657	4,801,560	0.885891	42,093	37,290
72.00 Implantable Devices Charged to Patients	3,279,354	13,398,684	0.244752	84,920	20,784
73.00 Drugs Charged to Patients	7,245,767	28,395,028	0.255177	398,001	101,561
74.00 Renal Dialysis	174,615	173,435	1.006801	2,914	2,934
75.00 ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00 Non-Invasive Cardio Lab	249,011	1,468,240	0.169599	15,412	2,614
76.97 Cardiac Rehabilitation	452,912	278,697	1.625107	0	0
76.98 Hyperbaric Oxygen Therapy	0	0	0.000000	0	0
76.99 Lithotripsy	0	0	0.000000	0	0
80.00	0	0	0.000000	0	0
81.00	0	0	0.000000	0	0
82.00	0	0	0.000000	0	0
83.00	0	0	0.000000	0	0
84.00	0	0	0.000000	0	0
85.00	0	0	0.000000	0	0
86.00	0	0	0.000000	0	0
87.00	0	0	0.000000	0	0
87.01	0	0	0.000000	0	0
88.00 Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00 Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00 Clinic	0	0	0.000000	0	0
91.00 Emergency	6,678,938	51,702,967	0.129179	242,405	31,314
92.00 Observation Beds	1,399,305	3,097,233	0.451792	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
<b>TOTAL</b>	<b>\$ 58,354,832</b>	<b>\$ 384,695,151</b>		<b>\$ 4,197,645</b>	<b>\$ 1,004,156</b>

(To Schedule 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
WOODLAND HEALTHCAREFiscal Period Ended:  
JUNE 30, 2011Provider NPI:  
1922116037

	REPORTED	ADJUSTMENTS (Adj 7)	AUDITED
<b>ANCILLARY CHARGES</b>			
50.00 Operating Room	\$ 894,180	\$ 45,833	\$ 940,013
51.00 Recovery Room			0
52.00 Delivery Room and Labor Room	1,261,543	13,874	1,275,417
53.00 Anesthesiology	131,786	(7,172)	124,614
54.00 Radiology-Diagnostic	172,866	(67,155)	105,711
55.00 Radiology-Therapeutic			0
56.00 Radioisotope	18,242	(966)	17,276
57.00 Computed Tomography (CT) Scan	157,942	(49,633)	108,309
58.00 Magnetic Resonance Imaging (MRI)	16,680	(662)	16,018
59.00 Cardiac Catheterization	96,582	(35,775)	60,807
60.00 Laboratory	583,059	(106,160)	476,899
61.00 PBP Clinical Laboratory Services-Program Only			0
62.00 Whole Blood & Packed Red Blood Cells			0
63.00 Blood Storing, Processing, & Trans.	13,098	861	13,959
64.00 Intravenous Therapy			0
65.00 Respiratory Therapy	258,021	(24,210)	233,811
66.00 Physical Therapy	20,628	(1,401)	19,227
67.00 Occupational Therapy			0
68.00 Speech Pathology			0
69.00 Electrocardiology	29,604	(11,124)	18,480
70.00 Electroencephalography	1,359		1,359
71.00 Medical Supplies Charged to Patients	48,378	(6,285)	42,093
72.00 Implantable Devices Charged to Patients	89,960	(5,040)	84,920
73.00 Drugs Charged to Patients	364,691	33,310	398,001
74.00 Renal Dialysis	4,474	(1,560)	2,914
75.00 ASC (Non-Distinct Part)			0
76.00 Non-Invasive Cardio Lab	16,616	(1,204)	15,412
76.97 Cardiac Rehabilitation			0
76.98 Hyperbaric Oxygen Therapy			0
76.99 Lithotripsy			0
80.00			0
81.00			0
82.00			0
83.00			0
84.00			0
85.00			0
86.00			0
87.00			0
87.01			0
88.00 Rural Health Clinic (RHC)			0
89.00 Federally Qualified Health Center (FQHC)			0
90.00 Clinic			0
91.00 Emergency	344,001	(101,596)	242,405
92.00 Observation Beds	38,610	(38,610)	0
93.00 Other Outpatient Services (Specify)			0
93.01			0
93.02			0
93.03			0
93.04			0
93.05			0
<b>TOTAL MEDI-CAL ANCILLARY CHARGES</b>	<b>\$ 4,562,320</b>	<b>\$ (364,675)</b>	<b>\$ 4,197,645</b>

(To Schedule 5)











Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 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	ADMINISTRATIVE & GENERAL 5.00
<b>ANCILLARY COST CENTERS</b>												
50.00 Operating Room	0	1,400,837	0	0	0	0	0	0	0	0	7,037,927	1,446,507
51.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Delivery Room and Labor Room	0	333,364	0	0	0	0	0	0	0	0	1,498,711	308,031
53.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	1,751	360
54.00 Radiology-Diagnostic	0	535,709	0	0	0	0	0	0	0	0	3,940,464	809,885
55.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
56.00 Radioisotope	0	43,458	0	0	0	0	0	0	0	0	333,755	68,597
57.00 Computed Tomography (CT) Scan	0	75,526	0	0	0	0	0	0	0	0	444,353	91,328
58.00 Magnetic Resonance Imaging (MRI)	0	55,932	0	0	0	0	0	0	0	0	258,453	53,120
59.00 Cardiac Catheterization	0	79,364	0	0	0	0	0	0	0	0	452,610	93,025
60.00 Laboratory	0	1,264,160	0	0	0	0	0	0	0	0	7,588,468	1,559,660
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	529,632	108,855
64.00 Intravenous Therapy	0	134,233	0	0	0	0	0	0	0	0	633,216	130,145
65.00 Respiratory Therapy	0	401,697	0	0	0	0	0	0	0	0	1,829,132	375,942
66.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	1,090,402	224,111
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00 Electrocardiology	0	24,480	0	0	0	0	0	0	0	0	148,663	30,555
70.00 Electroencephalography	0	6,412	0	0	0	0	0	0	0	0	27,657	5,684
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,732,573	561,627
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,083,076	428,135
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,380,303	694,755
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	144,302	29,658
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00 Non-Invasive Cardio Lab	0	41,706	0	0	0	0	0	0	0	0	195,159	40,111
76.97 Cardiac Rehabilitation	0	75,867	0	0	0	0	0	0	0	0	313,962	64,529
76.98 Hyperbaric Oxygen Therapy	0	0	0	0	0	0	0	0	0	0	0	0
76.99 Lithotripsy	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
87.00	0	0	0	0	0	0	0	0	0	0	0	0
87.01	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
91.00 Emergency	0	1,044,682	0	0	0	0	0	0	0	0	4,642,542	954,183
92.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01	0	0	0	0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Intern-Resident Service (not appvd. tchnlg. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	0	582,160	0	0	0	0	0	0	0	0	2,847,795	585,308

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 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	61,990	12,741
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
194.00 Yolo Adult Day Health Care	0	221,572	0	0	0	0	0	0	0	0	1,248,933	256,694
194.01 Foundation	0	65,665	0	0	0	0	0	0	0	0	831,609	170,921
194.02 Marketing / Communications	0	25,539	0	0	0	0	0	0	0	0	339,625	69,803
194.03 Freestanding Clinic	0	27,509	0	0	0	0	0	0	0	0	2,865,849	589,019
194.04 Clinic Pharmacy	0	0	0	0	0	0	0	0	0	0	3,128,625	643,027
TOTAL	0	<u>15,053,494</u>	0	0	0	0	0	0	0	0	<u>102,434,682</u>	<u>17,464,041</u>



Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 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
<b>ANCILLARY COST CENTERS</b>												
50.00 Operating Room	339,982	13,240	52,678	152,434	0	52,756	0	479,903	0	12,072	220,039	0
51.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Delivery Room and Labor Room	92,560	3,605	51,387	41,500	0	10,400	0	130,172	0	0	20,072	0
53.00 Anesthesiology	0	0	0	0	0	0	0	0	0	510	23,842	0
54.00 Radiology-Diagnostic	105,544	4,110	29,856	47,322	0	23,665	0	22,363	0	453	86,635	0
55.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
56.00 Radioisotope	13,298	518	0	5,962	0	1,313	0	0	0	0	12,518	0
57.00 Computed Tomography (CT) Scan	112,926	4,398	0	50,631	0	2,663	0	12,809	0	0	114,390	0
58.00 Magnetic Resonance Imaging (MRI)	13,062	509	0	5,857	0	2,991	0	0	0	0	39,797	0
59.00 Cardiac Catheterization	5,471	213	0	2,453	0	2,310	0	19,540	0	0	14,717	0
60.00 Laboratory	97,717	3,805	0	43,812	0	77,165	0	0	0	2,575	415,111	0
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	2,955	0
64.00 Intravenous Therapy	80,990	3,154	0	36,313	0	4,544	0	73,533	0	2,831	14,018	0
65.00 Respiratory Therapy	25,339	987	2,316	11,361	0	17,354	0	731	0	311	59,120	0
66.00 Physical Therapy	13,847	539	0	6,209	0	0	0	0	0	0	24,423	0
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00 Electrocardiology	4,790	187	0	2,148	0	1,035	0	0	0	0	12,937	0
70.00 Electroencephalography	995	39	0	446	0	265	0	0	0	0	928	0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	941,346	0	18,111	0
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	717,605	0	50,538	0
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	3,063,607	107,103	0
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	654	0
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00 Non-Invasive Cardio Lab	4,921	192	0	2,206	0	883	0	0	0	83	5,538	0
76.97 Cardiac Rehabilitation	37,851	1,474	0	16,971	0	2,815	0	14,259	0	1	1,051	0
76.98 Hyperbaric Oxygen Therapy	0	0	0	0	0	0	0	0	0	0	0	0
76.99 Lithotripsy	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
87.00	0	0	0	0	0	0	0	0	0	0	0	0
87.01	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
91.00 Emergency	151,746	5,910	158,293	68,036	0	35,970	0	461,570	0	5,671	195,017	0
92.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01	0	0	0	0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Intern-Resident Service (not appvd. tchnlg. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	0	0	0	0	0	0	0	218,330	0	256	0	0

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 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 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	325,110	0	0	0	0	0	0	0
194.00 Yolo Adult Day Health Care	0	0	0	0	0	0	0	0	0	2	0	0
194.01 Foundation	132,846	5,174	0	59,563	0	6,184	0	38,062	287	0	0	0
194.02 Marketing / Communications	54,029	2,104	0	24,224	0	0	0	0	5	0	0	0
194.03 Freestanding Clinic	2,954,083	115,044	0	1,324,488	0	301,379	0	19,596	0	0	0	0
194.04 Clinic Pharmacy	0	0	0	0	0	13,050	0	0	585	0	0	0
TOTAL	<u>5,660,378</u>	<u>220,437</u>	<u>685,951</u>	<u>2,522,972</u>	<u>2,140,680</u>	<u>776,703</u>	<u>0</u>	<u>3,375,098</u>	<u>1,833,886</u>	<u>3,100,234</u>	<u>1,711,149</u>	<u>275,302</u>



Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST	TOTAL COST 26.00
	SVC (SPECIFIC) 18.00	ANESTHETIST 19.00	SCHOOL 20.00	SAL & BENEFITS 21.00	PROGRAM COSTS 22.00	EDUCATION PROGRAM 23.00				STEP-DOWN ADJUSTMENT (ADJ 2) 25.00	
<b>ANCILLARY COST CENTERS</b>											
50.00 Operating Room	0	0	0	0	0	0	0	0	9,807,537		9,807,537
51.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
52.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	2,156,438		2,156,438
53.00 Anesthesiology	0	0	0	0	0	0	0	0	26,463		26,463
54.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	5,070,297		5,070,297
55.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0		0
56.00 Radioisotope	0	0	0	0	0	0	0	0	435,960		435,960
57.00 Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	833,498		833,498
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	373,789		373,789
59.00 Cardiac Catheterization	0	0	0	0	0	0	0	0	590,339		590,339
60.00 Laboratory	0	0	0	0	0	0	0	0	9,788,314		9,788,314
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0		0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0		0
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	641,442		641,442
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	978,744		978,744
65.00 Respiratory Therapy	0	0	0	0	0	0	0	0	2,322,592		2,322,592
66.00 Physical Therapy	0	0	0	0	0	0	0	0	1,359,531		1,359,531
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	0		0
68.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
69.00 Electrocardiology	0	0	0	0	0	0	0	0	200,314		200,314
70.00 Electroencephalography	0	0	0	0	0	0	0	0	36,014		36,014
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	4,253,657		4,253,657
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	3,279,354		3,279,354
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	7,245,767		7,245,767
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	174,615		174,615
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
76.00 Non-Invasive Cardio Lab	0	0	0	0	0	0	0	0	249,011		249,011
76.97 Cardiac Rehabilitation	0	0	0	0	0	0	0	0	452,912		452,912
76.98 Hyperbaric Oxygen Therapy	0	0	0	0	0	0	0	0	0		0
76.99 Lithotripsy	0	0	0	0	0	0	0	0	0		0
80.00	0	0	0	0	0	0	0	0	0		0
81.00	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
87.00	0	0	0	0	0	0	0	0	0		0
87.01	0	0	0	0	0	0	0	0	0		0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0		0
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0		0
90.00 Clinic	0	0	0	0	0	0	0	0	0		0
91.00 Emergency	0	0	0	0	0	0	0	0	6,678,938		6,678,938
92.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0		0
93.01	0	0	0	0	0	0	0	0	0		0
93.02	0	0	0	0	0	0	0	0	0		0
93.03	0	0	0	0	0	0	0	0	0		0
93.04	0	0	0	0	0	0	0	0	0		0
93.05	0	0	0	0	0	0	0	0	0		0
<b>NONREIMBURSABLE COST CENTERS</b>											
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0		0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0		0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0		0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0		0
98.00 Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0		0
99.00 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0		0
100.00 Intern-Resident Service (not appvd. tchnlg. prgm.)	0	0	0	0	0	0	0	0	0		0
101.00 Home Health Agency	0	0	0	0	0	0	0	0	3,651,689		3,651,689

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST	TOTAL COST 26.00	
										STEP-DOWN ADJUSTMENT (ADJ 2) 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	74,731	0	74,731	
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	325,110	0	325,110	
194.00 Yolo Adult Day Health Care	0	0	0	0	0	0	0	0	1,505,628	0	1,505,628	
194.01 Foundation	0	0	0	0	0	0	0	0	1,244,647	0	1,244,647	
194.02 Marketing / Communications	0	0	0	0	0	0	0	0	489,790	0	489,790	
194.03 Freestanding Clinic	0	0	0	0	0	0	0	0	8,169,456	0	8,169,456	
194.04 Clinic Pharmacy	0	0	0	0	0	0	0	0	3,785,287	0	3,785,287	
<b>TOTAL</b>	<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>102,434,682</u>	<u>0</u>	<u>102,434,682</u>









Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

	EMP BENE (GROSS SALARIES)	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)							
	4.00 (Adj) (Adj)	5.01 (Adj) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	5.04 (Adj) (Adj)	5.05 (Adj) (Adj)	5.06 (Adj) (Adj)	5.07 (Adj) (Adj)	5.08 (Adj) (Adj)			5.00	6.00 (Adj) (Adj)
<b>ANCILLARY COST CENTERS</b>													
50.00	Operating Room	4,232,932										7,037,927	12,988
51.00	Recovery Room											0	
52.00	Delivery Room and Labor Room	1,007,330										1,498,711	3,536
53.00	Anesthesiology											1,751	
54.00	Radiology-Diagnostic	1,618,760										3,940,464	4,032
55.00	Radiology-Therapeutic											0	
56.00	Radioisotope	131,318										333,755	508
57.00	Computed Tomography (CT) Scan	228,218										444,353	4,314
58.00	Magnetic Resonance Imaging (MRI)	169,010										258,453	499
59.00	Cardiac Catheterization	239,816										452,610	209
60.00	Laboratory	3,819,931										7,588,468	3,733
61.00	PBP Clinical Laboratory Services-Program Only											0	
62.00	Whole Blood & Packed Red Blood Cells											0	
63.00	Blood Storing, Processing, & Trans.											529,632	
64.00	Intravenous Therapy	405,613										633,216	3,094
65.00	Respiratory Therapy	1,213,813										1,829,132	968
66.00	Physical Therapy											1,090,402	529
67.00	Occupational Therapy											0	
68.00	Speech Pathology											0	
69.00	Electrocardiology	73,972										148,663	183
70.00	Electroencephalography	19,376										27,657	38
71.00	Medical Supplies Charged to Patients											2,732,573	
72.00	Implantable Devices Charged to Patients											2,083,076	
73.00	Drugs Charged to Patients											3,380,303	
74.00	Renal Dialysis											144,302	
75.00	ASC (Non-Distinct Part)											0	
76.00	Non-Invasive Cardio Lab	126,023										195,159	188
76.97	Cardiac Rehabilitation	229,249										313,962	1,446
76.98	Hyperbaric Oxygen Therapy											0	
76.99	Lithotripsy											0	
80.00												0	
81.00												0	
82.00												0	
83.00												0	
84.00												0	
85.00												0	
86.00												0	
87.00												0	
87.01												0	
88.00	Rural Health Clinic (RHC)											0	
89.00	Federally Qualified Health Center (FQHC)											0	
90.00	Clinic											0	
91.00	Emergency	3,156,730										4,642,542	5,797
92.00	Observation Beds											0	
93.00	Other Outpatient Services (Specify)											0	
93.01												0	
93.02												0	
93.03												0	
93.04												0	
93.05												0	
<b>NONREIMBURSABLE COST CENTERS</b>													
94.00	Home Program Dialysis											0	
95.00	Ambulance Services											0	
96.00	Durable Medical Equipment-Rented											0	
97.00	Durable Medical Equipment-Sold											0	
98.00	Other Reimbursable (specify)											0	
99.00	Outpatient Rehabilitation Provider (specify)											0	
100.00	Intern-Resident Service (not appvd. tchn. prgm.)											0	
101.00	Home Health Agency	1,759,123										2,847,795	

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

	EMP BENE (GROSS SALARIES)	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)							
	4.00 (Adj) (Adj)	5.01 (Adj) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	5.04 (Adj) (Adj)	5.05 (Adj) (Adj)	5.06 (Adj) (Adj)	5.07 (Adj) (Adj)	5.08 (Adj) (Adj)			5.00	6.00 (Adj) (Adj)
105.00	Kidney Acquisition												0
106.00	Heart Acquisition												0
107.00	Liver Acquisition												0
108.00	Lung Acquisition												0
109.00	Pancreas Acquisition												0
110.00	Intestinal Acquisition												0
111.00	Islet Acquisition												0
112.00	Other Organ Acquisition (specify)												0
113.00	Interest Expense												0
114.00	Utilization Review-SNF												0
115.00	Ambulatory Surgical Center (Distinct Part)												0
116.00	Hospice												0
117.00	Other Special Purpose (specify)												0
190.00	Gift, Flower, Coffee Shop, & Canteen											61,990	
191.00	Research												0
192.00	Physicians' Private Offices												0
194.00	Yolo Adult Day Health Care	669,527										1,248,933	
194.01	Foundation	198,422										831,609	5,075
194.02	Marketing / Communications	77,173										339,625	2,064
194.03	Freestanding Clinic	83,123										2,865,849	112,852
194.04	Clinic Pharmacy											3,128,625	
	TOTAL	45,487,371	0	0	0	0	0	0	0	0		84,970,641	216,238
	COST TO BE ALLOCATED	15,053,494	0	0	0	0	0	0	0	0		17,464,041	5,660,378
	UNIT COST MULTIPLIER - SCH 8	0.330938	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.205530	26.176609



Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	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)
<b>ANCILLARY COST CENTERS</b>												
50.00	Operating Room	12,988	29,753	12,988		4,180			22,711	58,336,637		
51.00	Recovery Room											
52.00	Delivery Room and Labor Room	3,536	29,024	3,536		824	11,758			5,321,525		
53.00	Anesthesiology								959	6,321,067		
54.00	Radiology-Diagnostic	4,032	16,863	4,032	1,875		2,020		853	22,968,619		
55.00	Radiology-Therapeutic											
56.00	Radioisotope	508		508		104				3,318,667		
57.00	Computed Tomography (CT) Scan	4,314		4,314		211	1,157			30,327,082		
58.00	Magnetic Resonance Imaging (MRI)	499		499		237				10,551,031		
59.00	Cardiac Catheterization	209		209		183	1,765			3,901,724		
60.00	Laboratory	3,733		3,733		6,114			4,844	110,054,153		
61.00	PBP Clinical Laboratory Services-Program Only											
62.00	Whole Blood & Packed Red Blood Cells											
63.00	Blood Storing, Processing, & Trans.									783,377		
64.00	Intravenous Therapy	3,094		3,094		360	6,642		5,326	3,716,457		
65.00	Respiratory Therapy	968	1,308	968	1,375		66		585	15,673,877		
66.00	Physical Therapy	529		529						6,474,905		
67.00	Occupational Therapy											
68.00	Speech Pathology											
69.00	Electrocardiology	183		183		82				3,429,855		
70.00	Electroencephalography	38		38		21				246,102		
71.00	Medical Supplies Charged to Patients							2,732,559		4,801,560		
72.00	Implantable Devices Charged to Patients							2,083,077		13,398,560		
73.00	Drugs Charged to Patients								5,763,443	28,395,028		
74.00	Renal Dialysis									173,435		
75.00	ASC (Non-Distinct Part)											
76.00	Non-Invasive Cardio Lab	188		188		70				1,468,240		
76.97	Cardiac Rehabilitation	1,446		1,446		223	1,288		1	278,697		
76.98	Hyperbaric Oxygen Therapy											
76.99	Lithotripsy											
80.00												
81.00												
82.00												
83.00												
84.00												
85.00												
86.00												
87.00												
87.01												
88.00	Rural Health Clinic (RHC)											
89.00	Federally Qualified Health Center (FQHC)											
90.00	Clinic											
91.00	Emergency	5,797	89,406	5,797	2,850		41,692		10,668	51,702,967		
92.00	Observation Beds											
93.00	Other Outpatient Services (Specify)											
93.01												
93.02												
93.03												
93.04												
93.05												
<b>NONREIMBURSABLE COST CENTERS</b>												
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. tchnlg. prgm.)											
101.00	Home Health Agency						19,721		481			

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	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 Other Special Purpose (specify)												
190.00 Gift, Flower, Coffee Shop, & Canteen												
191.00 Research												
192.00 Physicians' Private Offices				15,939								
194.00 Yolo Adult Day Health Care									4			
194.01 Foundation	5,075		5,075		490		3,438	834				
194.02 Marketing / Communications	2,064		2,064					14				
194.03 Freestanding Clinic	112,852		112,852		23,879		1,770					
194.04 Clinic Pharmacy					1,034			1,698				
TOTAL	216,238	387,434	214,968	104,950	61,540	0	304,861	5,323,440	5,832,349	453,659,937	4,538	0
COST TO BE ALLOCATED	220,437	685,951	2,522,972	2,140,680	776,703	0	3,375,098	1,833,886	3,100,234	1,711,149	275,302	0
UNIT COST MULTIPLIER - SCH 8	1.019420	1.770497	11.736501	20.397137	12.621101	0.000000	11.070941	0.344493	0.531558	0.003772	60.665931	0.000000

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 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)
<b>GENERAL SERVICE COST CENTERS</b>							
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							
<b>INPATIENT ROUTINE COST CENTERS</b>							
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:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 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)
<b>ANCILLARY COST CENTERS</b>							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Delivery Room and Labor Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
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	Non-Invasive Cardio Lab						
76.97	Cardiac Rehabilitation						
76.98	Hyperbaric Oxygen Therapy						
76.99	Lithotripsy						
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency						
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
<b>NONREIMBURSABLE COST CENTERS</b>							
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. tchn. prgm.)						
101.00	Home Health Agency						



## TRIAL BALANCE OF EXPENSES

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 2,307,623	\$ 162,974	\$ 2,470,597
2.00	Capital Related Costs-Movable Equipment	45,671	1,361,872	1,407,543
3.00	Other Capital Related Costs		0	0
3.01			0	0
3.02			0	0
3.03			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	15,197,324	(159,876)	15,037,448
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	21,470,359	(6,092,193)	15,378,166
6.00	Maintenance and Repairs	3,770,074	0	3,770,074
7.00	Operation of Plant	182,855	0	182,855
8.00	Laundry and Linen Service	517,332	0	517,332
9.00	Housekeeping	1,716,300	0	1,716,300
10.00	Dietary	1,138,289	0	1,138,289
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	2,107,304	0	2,107,304
14.00	Central Services and Supply	809,166	0	809,166
15.00	Pharmacy	1,904,123	0	1,904,123
16.00	Medical Records & Library	998,613	0	998,613
17.00	Social Service	171,427	0	171,427
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
23.01			0	0
23.02			0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
30.00	Adults & Pediatrics (Gen Routine)	5,796,839	0	5,796,839
31.00	Intensive Care Unit	3,185,728	0	3,185,728
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (specify)		0	0
40.00	Subprovider - IPF	3,186,864	0	3,186,864
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery	531,733	0	531,733
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 5,390,752	\$ 0	\$ 5,390,752
51.00	Recovery Room		0	0
52.00	Delivery Room and Labor Room	1,098,282	0	1,098,282
53.00	Anesthesiology	1,751	0	1,751
54.00	Radiology-Diagnostic	3,328,282	0	3,328,282
55.00	Radiology-Therapeutic		0	0
56.00	Radioisotope	280,662	0	280,662
57.00	Computed Tomography (CT) Scan	287,005	0	287,005
58.00	Magnetic Resonance Imaging (MRI)	193,057	0	193,057
59.00	Cardiac Catheterization	369,282	0	369,282
60.00	Laboratory	6,253,506	0	6,253,506
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, & Trans.	529,632	0	529,632
64.00	Intravenous Therapy	440,301	0	440,301
65.00	Respiratory Therapy	1,409,076	0	1,409,076
66.00	Physical Therapy	1,080,369	0	1,080,369
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology	120,712	0	120,712
70.00	Electroencephalography	20,524	0	20,524
71.00	Medical Supplies Charged to Patients	2,981,316	(248,743)	2,732,573
72.00	Implantable Devices Charged to Patients	2,083,076	0	2,083,076
73.00	Drugs Charged to Patients	3,131,560	248,743	3,380,303
74.00	Renal Dialysis	144,302	0	144,302
75.00	ASC (Non-Distinct Part)		0	0
76.00	Non-Invasive Cardio Lab	149,888	0	149,888
76.97	Cardiac Rehabilitation	210,669	0	210,669
76.98	Hyperbaric Oxygen Therapy		0	0
76.99	Lithotripsy		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
87.01			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	3,487,912	0	3,487,912
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
	<b>SUBTOTAL</b>	\$ 98,029,540	\$ (4,727,223)	\$ 93,302,317
	<b>NONREIMBURSABLE COST CENTERS</b>			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
WOODLAND HEALTHCARE

Fiscal Period Ended:  
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)		0	0
99.00	Outpatient Rehabilitation Provider (specify)		0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)		0	0
101.00	Home Health Agency	2,265,635	0	2,265,635
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition (specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review-SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose (specify)		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	61,990	0	61,990
191.00	Research		0	0
192.00	Physicians' Private Offices		0	0
194.00	Yolo Adult Day Health Care	975,810	0	975,810
194.01	Foundation	669,689	0	669,689
194.02	Marketing / Communications	274,939	0	274,939
194.03	Freestanding Clinic	1,755,677	0	1,755,677
194.04	Clinic Pharmacy	3,128,625	0	3,128,625
	SUBTOTAL	\$ 9,132,365	\$ 0	\$ 9,132,365
200	TOTAL	\$ 107,161,905	\$ (4,727,223)	\$ 102,434,682

(To Schedule 8)













Provider Name							Fiscal Period		Provider NPI		Adjustments
WOODLAND HEALTHCARE							JULY 1, 2010 THROUGH JUNE 30, 2011		1922116037		13
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report											
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.					
<u>MEMORANDUM ADJUSTMENT</u>											
1	1	E-3	III	VII	37.00	1	Total Noncontract AB 5 Reductions The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5 and/or AB 1183. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, line 4 W&I Code, Sections 14105.19 and 14166.245	\$182,596	(\$31,413)	\$151,183	

Provider Name							Fiscal Period	Provider NPI		Adjustments
WOODLAND HEALTHCARE							JULY 1, 2010 THROUGH JUNE 30, 2011	1922116037		13
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>										
2	8	B	I		30.00	26	Adults and Pediatrics	\$12,383,965	\$6,762,123	\$19,146,088
	8	B	I		40.00	26	Subprovider - IPF The Psychiatric cost reported on Subprovider I, line 40, has been reclassified to the cost center Short-Term Psychiatric, line 40. The costs on line 40 will be combined with Adults and Pediatrics, line 30, after step-down. This is done in conjunction with adjustment 5. 42 CFR 413.20, 413.24, and 413.53(b) CMS Pub. 15-1, Sections 2202.7, 2300, 2304, 2336, 2336.1, and 2404	6,762,123	(6,762,123)	0
3	10A	A			71.00	7	Medical Supplies Charged to Patients	\$2,981,316	(\$248,743)	\$2,732,573
	10A	A			73.00	7	Drugs Charged to Patients To adjust the provider's reclassification of pharmacy cost to Drugs Charged to Patients to agree with the provider's record. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306	3,131,560	248,743	3,380,303

Provider Name							Fiscal Period			Provider NPI		Adjustments
WOODLAND HEALTHCARE							JULY 1, 2010 THROUGH JUNE 30, 2011			1922116037		13
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b><u>ADJUSTMENT TO REPORTED COSTS</u></b>												
4	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	\$2,307,623	\$162,974	\$2,470,597		
	10A	A			2.00	7	Capital Related Costs-Movable Equipment	45,671	1,361,872	1,407,543		
	10A	A			4.00	7	Employee Benefits	15,197,324	(159,876)	15,037,448		
	10A	A			5.00	7	Administrative and General	21,470,359	(6,092,193)	15,378,166		
To adjust reported home office costs to agree with the Catholic Healthcare West Home Office Audit Report for fiscal period ended June 30, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304												

Provider Name							Fiscal Period		Provider NPI		Adjustments
WOODLAND HEALTHCARE							JULY 1, 2010 THROUGH JUNE 30, 2011		1922116037		13
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENT TO REPORTED PATIENT DAYS</b>											
5	4	D-1	I	XIX	1,4	1	Total Days - Adults and Pediatrics	8,709	7,072	15,781	
	4-1	D-1	I	XIX	1,4	1	Total Days - Subprovider - IPF	7,072	(7,072)	0	
							To reclassify Subprovider I total inpatient days to the Adults and Pediatrics in conjunction with adjustment 2. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300, 2202.7, 2336, and 2336.1				

Provider Name							Fiscal Period		Provider NPI		Adjustments
WOODLAND HEALTHCARE							JULY 1, 2010 THROUGH JUNE 30, 2011		1922116037		13
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>											
6	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	440.00	(22.00)	418.00 *	
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	301.00	(8.00)	293.00	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	51.00	(18.00)	33.00 *	
7	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$894,180	\$45,833	\$940,013	
	6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	1,261,543	13,874	1,275,417	
	6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	131,786	(7,172)	124,614	
	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	172,866	(67,155)	105,711	
	6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	18,242	(966)	17,276	
	6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	157,942	(49,633)	108,309	
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	16,680	(662)	16,018	
	6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	96,582	(35,775)	60,807	
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	583,059	(106,160)	476,899	
	6	D-3		XIX	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing, & Trans.	13,098	861	13,959	
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	258,021	(24,210)	233,811	
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	20,628	(1,401)	19,227	
	6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	29,604	(11,124)	18,480	
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	48,378	(6,285)	42,093	
	6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	89,960	(5,040)	84,920	
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	364,691	33,310	398,001	
	6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	4,474	(1,560)	2,914	
	6	D-3		XIX	76.00	2	Medi-Cal Ancillary Charges - Non-Invasive Cardio Lab	16,616	(1,204)	15,412	
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	344,001	(101,596)	242,405	
	6	D-3		XIX	92.00	2	Medi-Cal Ancillary Charges - Observation Beds	38,610	(38,610)	0	
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	4,562,320	(364,675)	4,197,645	
8	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$2,722,124	(\$465,164)	\$2,256,960	
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	4,562,320	(364,675)	4,197,645	

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
WOODLAND HEALTHCARE							JULY 1, 2010 THROUGH JUNE 30, 2011			1922116037		13
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>												
-Continued from previous page-												
9	3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$0	\$1,195	\$1,195		
	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	0	4,636	4,636		
10	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payment	\$1,802,900	(\$214,586)	\$1,588,314		
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through June 12, 2013 Report Date: June 12, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542												
11	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	*	418.00	(1.00)	417.00	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	*	33.00	(0.50)	32.50	
To eliminate Medi-Cal Routine days for billed Medi-Cal days by 25% for claims submitted during the 7th through 9th month (RAD Code 475) after the month of service, respectively. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51458.1 W&I Code 14115												

Provider Name							Fiscal Period			Provider NPI		Adjustments
WOODLAND HEALTHCARE							JULY 1, 2010 THROUGH JUNE 30, 2011			1922116037		13
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>												
12	1	Not Reported					Overpayment	\$0				
							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		\$3,819			
13							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		4,762 <hr/> \$8,581	\$8,581		