

**REPORT  
ON THE  
COST REPORT REVIEW**

**KERN VALLEY HEALTHCARE DISTRICT  
LAKE ISABELLA, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1427049964**

**FISCAL PERIOD ENDED  
JUNE 30, 2012**

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

**Section Chief: Michael Harrold  
Audit Supervisor: Kristina Nacino  
Auditor: Wen Li**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

February 7, 2014

Chester Beedle  
Chief Financial Officer  
Kern Valley Healthcare District  
6412 Laurel Avenue  
Lake Isabella, CA 93240

KERN VALLEY HEALTHCARE DISTRICT  
NATIONAL PROVIDER IDENTIFIER (NPI) 1427049964  
FISCAL PERIOD ENDED JUNE 30, 2012

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited settlement for the fiscal period due the State in the amount of \$18,632 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
4. 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's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

Future long-term care prospective rates may be affected by this examination. The

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extent of the rate changes will be determined by the Department's Medi-Cal Benefits, Waiver Analysis and Rates Division.

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.

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If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief  
Audits Section—Fresno  
Financial Audits Branch

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**KERN VALLEY HEALTHCARE DISTRICT**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1427049964</b>	Reported	\$ 23,920	
	Net Change	\$ (42,552)	
	Audited Amount Due Provider (State)	\$ (18,632)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI:</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: 1427049964</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: 1427049964</b>	Reported		\$ 276.98
	Net Change		\$ (24.87)
	Audited Cost Per Day		\$ 252.11
	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</b> <b>Due Provider (State) - (Lines 1 through 7)</b>		\$ (18,632)	
<b>9. Total Medi-Cal Cost</b>			\$ 0

**SUMMARY OF FINDINGS**

**Provider Name:**  
**KERN VALLEY HEALTHCARE DISTRICT**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

		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</b> <b>Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due</b> <b>Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (18,632)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1427049964

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ <u>269,978</u>	\$ <u>257,781</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.	\$	\$ <u>0</u>	<u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ <u>269,978</u>	\$ <u>257,781</u>
6. Interim Payments (Adj 30)		\$ <u>(246,058)</u>	\$ <u>(252,727)</u>
7. Balance Due Provider (State)		\$ <u>23,920</u>	\$ <u>5,054</u>
8. Medi-Cal Overpayments (Adj 35)		\$ <u>0</u>	\$ <u>(2,795)</u>
9. Medi-Cal Credit Balances (Adj 34)		\$ <u>0</u>	\$ <u>(20,891)</u>
10.	\$	<u>0</u>	<u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ <u><u>23,920</u></u>	\$ <u><u>(18,632)</u></u>

(To Summary of Findings)

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
KERN VALLEY HEALTHCARE DISTRICTFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1427049964

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 278,400 \$ 274,094

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 29) \$ 242,805 \$ 252,6573. Inpatient Ancillary Service Charges (Adj 29) \$ 667,994 \$ 686,8984. Total Charges - Medi-Cal Inpatient Services \$ 910,799 \$ 939,5555. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 632,399 \$ 665,4616. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0  
(To Schedule 1)

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



COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
KERN VALLEY HEALTHCARE DISTRICTFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1427049964

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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## INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 25)	3,117	3,118
2. Inpatient Days (include private, exclude swing-bed)	2,186	2,186
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 25)	1,971	1,972
5. Medicare NF Swing-Bed Days through Dec 31 (Adj 32)	284	399
6. Medicare NF Swing-Bed Days after Dec 31 (Adj 32)	283	532
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj 33)	182	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj 33)	182	1
9. Medi-Cal Days (excluding swing-bed) (Adj 27)	152	163

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj 32)	\$ 0.00	\$ 722.14
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj 32)	\$ 0.00	\$ 722.14
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj 33)	\$ 409.39	\$ 305.15
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj 33)	\$ 416.95	\$ 307.25
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 2,396,846	\$ 2,252,929
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 288,134
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 384,178
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 74,509	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 75,885	\$ 307
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 613,066	\$ 672,620
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 1,783,780	\$ 1,580,310

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 3,966,446	\$ 3,966,446
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 3,966,446	\$ 3,966,446
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.449717	\$ 0.398420
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 2,012.40	\$ 2,011.38
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)	\$ 1,783,780	\$ 1,580,310

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 816.00	\$ 722.92
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 124,032	\$ 117,836
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 124,032	\$ 117,836

( To Schedule 3 )







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

**Provider Name:**  
**KERN VALLEY HEALTHCARE DISTRICT**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1427049964**

	<b>REPORTED</b>	<b>AUDITED</b>	<b>DIFFERENCE</b>
<b>COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM</b>			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 0	\$ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 5,824,690	\$ 5,370,021	\$ (454,669)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 5,824,690	\$ 5,370,021	\$ (454,669)
4. Total Distinct Part Patient Days (Adj 25)	21,029	21,300	271
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 276.98	\$ 252.11	\$ (24.87)
<b>DPNF OVERPAYMENTS AND OVERBILLINGS</b>			
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)		
<b>GENERAL INFORMATION</b>			
9. Total Licensed Distinct Part Beds (C/R, W/S S-3)	74	74	0
10. Total Licensed Capacity (All levels) (Adj )	99	99	0
11. Total Medi-Cal DP Patient Days (Adj 31)	19,540	19,738	198
<b>CAPITAL RELATED COST</b>			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 610,042	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 610,042	N/A
<b>TOTAL SALARY &amp; BENEFITS</b>			
15. Direct Salary & Benefits Expenses	N/A	\$ 1,509,913	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,471,909	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 2,981,822	N/A

## SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1427049964

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 2,259,980	\$ 2,165,400	\$ (94,580)
1.00	New Capital Related Costs-Buildings and Fixtures	264,089	238,145	(25,944)
1.01	New Capital Related Costs-Off Campus	0	0	0
2.00	New Capital Related Costs-Movable Equipment	83,847	74,267	(9,580)
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	51,776	51,657	(119)
5.01	Nonpatient Telephones	6,373	6,358	(15)
5.02	Data Processing	85,764	85,465	(299)
5.03	Purchasing, Receiving and Stores	12,201	12,174	(27)
5.04	Admitting	88,538	87,876	(662)
5.05	Cashiering/Accounts Receivable	94,383	93,644	(739)
			0	0
			0	0
			0	0
5.06	Other Administrative and General	267,841	228,349	(39,492)
6.00	Maintenance and Repairs	176,524	139,169	(37,355)
7.00	Operation of Plant	278,644	251,189	(27,455)
8.00	Laundry and Linen Service	121,340	117,042	(4,298)
9.00	Housekeeping	131,821	98,436	(33,385)
10.00	Dietary	802,875	587,410	(215,465)
11.00	Cafeteria	96,892	142,120	45,228
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	720,899	713,087	(7,812)
14.00	Central Services and Supply		0	0
15.00	Pharmacy		0	0
16.00	Medical Records & Library	130,353	128,608	(1,745)
17.00	Social Service	150,550	149,623	(927)
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
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 5,824,690	\$ 5,370,021	\$ (454,669)

(To DPNF Sch 1)

\* From Schedule 8, line 44.





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

**Provider Name:**  
**KERN VALLEY HEALTHCARE DISTRICT**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1427049964**

<b>COL.</b>	<b>COST CENTER</b>	<b>AUDITED CAP RELATED * (COL 1)</b>	<b>AUDITED SAL &amp; EMP BENEFITS * (COL 2)</b>
1.00	New Capital Related Costs-Buildings and Fixtures	\$ 238,145	\$ N/A
1.01	New Capital Related Costs-Off Campus	0	N/A
2.00	New Capital Related Costs-Movable Equipment	74,267	N/A
3.01		0	N/A
3.02		0	N/A
3.03		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	0	51,657
5.01	Nonpatient Telephones	161	3,323
5.02	Data Processing	3,322	49,890
5.03	Purchasing, Receiving and Stores	289	8,390
5.04	Admitting	6,902	53,699
5.05	Cashiering/Accounts Receivable	7,911	52,320
		0	0
		0	0
		0	0
5.06	Other Administrative and General	6,934	94,452
6.00	Maintenance and Repairs	5,838	55,218
7.00	Operation of Plant	77,038	20,037
8.00	Laundry and Linen Service	15,448	17,979
9.00	Housekeeping	3,062	59,933
10.00	Dietary	83,501	264,176
11.00	Cafeteria	38,085	50,511
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	32,750	515,630
14.00	Central Services and Supply	0	0
15.00	Pharmacy	0	0
16.00	Medical Records & Library	10,320	71,690
17.00	Social Service	6,070	103,002
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
101	<b>TOTAL ALLOCATED INDIRECT EXPENSES</b>	<b>\$ 610,042</b>	<b>\$ 1,471,909</b>

\* These amounts include Skilled Nursing Facility expenses,  
line 44.

(To DPNF SCH 1)











Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

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	ALLOC COST	ALLOC COST	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.06
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	706	0	0	0	0	0	0	0	9,514	772
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Non-Reimb Physicians	0	0	0	23,137	1,977	0	25,351	0	0	0	574,321	46,588
194.01 Retail Pharmacy	0	10,095	0	10,016	5,540	0	0	0	0	0	1,713,033	138,960
194.02 Public Relations	0	1,343	0	0	796	0	0	0	0	0	99,447	8,067
194.03 Auxillary Thrift Store	0	0	0	0	0	0	0	0	0	0	71,656	5,813
194.06 Beauty Shop	0	0	0	0	0	0	0	0	0	0	6,031	489
	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>304,353</u>	<u>98,201</u>	<u>368,137</u>	<u>186,512</u>	<u>168,966</u>	<u>392,394</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>20,601,994</u>	<u>1,545,821</u>





Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

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	3,923	7,081	0	2,775	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Non-Reimb Physicians	15,992	28,863	0	11,311	27,598	0	0	0	0	0	34,816	0
194.01 Retail Pharmacy	14,925	0	0	10,557	0	0	0	0	0	0	0	0
194.02 Public Relations	0	0	0	0	0	2,920	0	0	0	0	0	0
194.03 Auxillary Thrift Store	62,154	0	0	43,962	0	0	0	0	0	0	0	0
194.06 Beauty Shop	2,687	4,849	0	1,900	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>696,774</u>	<u>847,353</u>	<u>225,483</u>	<u>402,867</u>	<u>933,634</u>	<u>404,923</u>	<u>0</u>	<u>1,313,206</u>	<u>146,781</u>	<u>614,057</u>	<u>538,905</u>	<u>170,271</u>





Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION				STEP-DOWN	
	(SPECIFIC)				COSTS	PROGRAM	COST	COST		ADJUSTMENT	COST
	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02	24.00	25.00	26.00
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	24,065	0	24,065
191.00 Research	0	0	0	0	0	0	0	0	0	0	0
194.00 Non-Reimb Physicians	0	0	0	0	0	0	0	0	739,490	0	739,490
194.01 Retail Pharmacy	0	0	0	0	0	0	0	0	1,877,476	0	1,877,476
194.02 Public Relations	0	0	0	0	0	0	0	0	110,434	0	110,434
194.03 Auxillary Thrift Store	0	0	0	0	0	0	0	0	183,585	0	183,585
194.06 Beauty Shop	0	0	0	0	0	0	0	0	15,956	0	15,956
	0	0	0	0	0	0	0	0	0	0	0
<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>20,601,994</u>	<u>0</u>	<u>20,601,994</u>

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

	NEW CAP REL BLDG & FIX (SQ FT) 1.00 (Adj 23)	NEW OFF CAMPUS (SQ FT) 1.01 (Adj)	NEW MVBLE EQUIP (SQ FT) 2.00 (Adj 23)	STAT 3.01 (Adj)	STAT 3.02 (Adj)	STAT 3.03 (Adj)	STAT 3.04 (Adj)	STAT 3.05 (Adj)	STAT 3.06 (Adj)	STAT 3.07 (Adj)	STAT 3.08 (Adj)	STAT 3.09 (Adj)
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	New Capital Related Costs-Buildings and Fixtures											
1.01	New Capital Related Costs-Off Campus											
2.00	New Capital Related Costs-Movable Equipment											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Nonpatient Telephones											
5.02	Data Processing											
5.03	Purchasing, Receiving and Stores											
5.04	Admitting											
5.05	Cashiering/Accounts Receivable											
5.06	Other 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:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

	EMP BENE (GROSS SALARIES) 4.00 (Adj 18)	NONPATIENT TELEPHONES (# PHONES) 5.01 (Adj)	DATA PROCESSING (GROSS CHGS) 5.02 (Adj)	PURCH, RECE & STORES (CST OF SUP) 5.03 (Adj 19)	ADMITTING (GROSS IP CHARGES) 5.04 (Adj)	CASHIERING/ ACCS RECEIV (GROSS CHGS) 5.05 (Adj)	STAT  (Adj)	STAT  (Adj)	STAT  (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS (SQ FT) 6.00 (Adj 23)
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	New Capital Related Costs-Buildings and Fixtur											
1.01	New Capital Related Costs-Off Campus											
2.00	New Capital Related Costs-Movable Equipment											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	49,623											
5.02	206,364	4										
5.03	122,861	4										
5.04	94,321	6		15,945								
5.05	209,282	5		4,321								
5.06	609,686	12		20,227								
6.00	236,962	4		37,895						644,494		
7.00										679,335		10,591
8.00	21,461	1		1,819						181,818		967
9.00	213,853	1		43,155						362,322		373
10.00	294,233	3		212,799						716,835		4,237
11.00		1		64,064						80,535		2,486
12.00										0		
13.00	847,126	10		13,296						1,127,117		1,557
14.00	3,934			1,893						63,583		2,068
15.00	271,214	3		8,141						549,989		297
16.00	250,860	10		9,438						435,989		1,163
17.00	104,184	2		278						146,483		162
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	990,170	6	4,161,909	10,783	3,970,001	4,161,909				1,503,821		2,938
31.00	4,685			277						25,946		444
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	1,509,913	9	15,809,035	38,357	15,809,035	15,809,035				2,814,986		13,054
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												



STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

	EMP BENE (GROSS SALARIES) 4.00 (Adj 18)	NONPATIENT TELEPHONES (# PHONES) 5.01 (Adj)	DATA PROCESSING (GROSS CHGS) 5.02 (Adj)	PURCH, RECE & STORES (CST OF SUP) 5.03 (Adj 19)	ADMITTING (GROSS IP CHARGES) 5.04 (Adj)	CASHIERING/ ACCS RECEIV (GROSS CHGS) 5.05 (Adj)	STAT  (Adj)	STAT  (Adj)	STAT  (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS (SQ FT) 6.00 (Adj 23)
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		1								9,514	368
191.00	Research										0	
194.00	Non-Reimb Physicians			4,279,739	6,228	4,279,739					574,321	1,500
194.01	Retail Pharmacy	295,056		1,852,653	17,457						1,713,033	1,400
194.02	Public Relations	39,242			2,509						99,447	
194.03	Auxillary Thrift Store										71,656	5,830
194.06	Beauty Shop										6,031	252
											0	
	TOTAL	8,896,041	139	68,096,864	587,669	30,397,295	66,244,211	0	0	0	19,056,173	65,357
	COST TO BE ALLOCATED	304,353	98,201	368,137	186,512	168,966	392,394	0	0	0	1,545,821	696,774
	UNIT COST MULTIPLIER - SCH 8	0.034212	706.479634	0.005406	0.317376	0.005559	0.005923	0.000000	0.000000	0.000000	0.081119	10.661054

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

	OPER PLANT (SQ FT) (Adj 23)	LAUNDRY & LINEN (LB LNDRY) (Adj 20)	HOUSE- KEEPING (SQ FT) (Adj 23)	DIETARY (MEALS SERVED) (Adj 24)	CAFETERIA (PAID FTE'S) (Adj 21)	MANT OF PERSONNEL (Adj)	NURSING ADMIN (HR OF SVS) (Adj 22)	CENT SERV & SUPPLY CSTD REQUIS (Adj)	PHARMACY (COST REQUIS) (Adj)	MED REC (GROSS CHARGES) (Adj)	SOC SERV (PATIENT DAYS) (Adj)	OTHER SVC (TIME SPENT) (Adj)
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	New Capital Related Costs-Buildings and Fixt											
1.01	New Capital Related Costs-Off Campus											
2.00	New Capital Related Costs-Movable Equipme											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Nonpatient Telephones											
5.02	Data Processing											
5.03	Purchasing, Receiving and Stores											
5.04	Admitting											
5.05	Cashiering/Accounts Receivable											
5.06	Other Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	967	Laundry and Linen Service										
9.00	373	Housekeeping										
10.00	4,237	Dietary										
11.00	2,486	Cafeteria										
12.00	Maintenance of Personnel											
13.00	1,557	Nursing Administration										
14.00	2,068	Central Services and Supply										
15.00	297	Pharmacy										
16.00	1,163	Medical Records & Library										
17.00	162	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	2,938	32,360	2,938	8,709	1,466		30,423		4,161,909	2,902		
31.00	444	8	444	3	1		141					
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	13,054	97,458	13,054	63,087	3,991		74,693		15,809,035	21,029		
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												



STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

	OPER PLANT (SQ FT) 7.00 (Adj 23)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj 20)	HOUSE- KEEPING (SQ FT) 9.00 (Adj 23)	DIETARY (MEALS SERVED) 10.00 (Adj 24)	CAFETERIA (PAID FTE'S) 11.00 (Adj 21)	MANT OF PERSONNEL 12.00 (Adj)	NURSING ADMIN (HR OF SVS) 13.00 (Adj 22)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj)	SOC SERV (PATIENT DAYS) 17.00 (Adj)	OTHER SVC (TIME SPENT) 18.00 (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	368											368	
191.00	Research												
194.00	1,500											1,500	
194.01											2,964	4,279,739	
194.02	Retail Pharmacy												
194.03											1,400	82	
194.06	252											5,830	252
TOTAL	44,036	187,754	53,426	100,271	11,371	0	137,553	145,266	332,416	66,244,211	23,931	0	
COST TO BE ALLOCATED	847,353	225,483	402,867	933,634	404,923	0	1,313,206	146,781	614,057	538,905	170,271	0	
UNIT COST MULTIPLIER - SCH 8	19.242283	1.200949	7.540657	9.311111	35.610184	0.000000	9.546912	1.010427	1.847255	0.008135	7.115086	0.000000	

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

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)

**GENERAL SERVICE COST CENTERS**

- 1.00 New Capital Related Costs-Buildings and Fixt
- 1.01 New Capital Related Costs-Off Campus
- 2.00 New Capital Related Costs-Movable Equipme
- 3.01
- 3.02
- 3.03
- 3.04
- 3.05
- 3.06
- 3.07
- 3.08
- 3.09
- 4.00 Employee Benefits
- 5.01 Nonpatient Telephones
- 5.02 Data Processing
- 5.03 Purchasing, Receiving and Stores
- 5.04 Admitting
- 5.05 Cashiering/Accounts Receivable

- 5.06 Other Administrative and General
- 6.00 Maintenance and Repairs
- 7.00 Operation of Plant
- 8.00 Laundry and Linen Service
- 9.00 Housekeeping
- 10.00 Dietary
- 11.00 Cafeteria
- 12.00 Maintenance of Personnel
- 13.00 Nursing Administration
- 14.00 Central Services and Supply
- 15.00 Pharmacy
- 16.00 Medical Records & Library
- 17.00 Social Service
- 18.00 Other General Service (specify)
- 19.00 Nonphysician Anesthetists
- 20.00 Nursing School
- 21.00 Intern & Res. Service-Salary & Fringes (Approved)
- 22.00 Intern & Res. Other Program Costs (Approved)
- 23.00 Paramedical Ed. Program (specify)
- 23.01
- 23.02

**INPATIENT ROUTINE COST CENTERS**

- 30.00 Adults & Pediatrics (Gen Routine)
- 31.00 Intensive Care Unit
- 32.00 Coronary Care Unit
- 33.00 Burn Intensive Care Unit
- 34.00 Surgical Intensive Care Unit
- 35.00 Other Special Care (specify)
- 40.00 Subprovider - IPF
- 41.00 Subprovider - IRF
- 42.00 Subprovider (specify)
- 43.00 Nursery
- 44.00 Skilled Nursing Facility
- 45.00 Nursing Facility
- 46.00 Other Long Term Care
- 47.00

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

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)

**ANCILLARY COST CENTERS**

- 50.00 Operating Room
- 51.00 Recovery Room
- 52.00 Labor Room and Delivery Room
- 53.00 Anesthesiology
- 54.00 Radiology-Diagnostic
- 55.00 Radiology-Therapeutic
- 56.00 Radioisotope
- 57.00 Computed Tomography (CT) Scan
- 58.00 Magnetic Resonance Imaging (MRI)
- 59.00 Cardiac Catheterization
- 60.00 Laboratory
- 61.00 PBP Clinical Laboratory Services-Program Only
- 62.00 Whole Blood & Packed Red Blood Cells
- 63.00 Blood Storing, Processing, & Trans.
- 64.00 Intravenous Therapy
- 65.00 Respiratory Therapy
- 66.00 Physical Therapy
- 67.00 Occupational Therapy
- 68.00 Speech Pathology
- 69.00 Electrocardiology
- 70.00 Electroencephalography
- 71.00 Medical Supplies Charged to Patients
- 72.00 Implantable Devices Charged to Patients
- 73.00 Drugs Charged to Patients
- 74.00 Renal Dialysis
- 75.00 ASC (Non-Distinct Part)
- 76.00 Other Ancillary (specify)
- 77.00
- 78.00
- 79.00
- 80.00
- 81.00
- 82.00
- 83.00
- 84.00
- 85.00
- 86.00
- 87.00
- 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. tchg. prgm.)
- 101.00 Home Health Agency



## TRIAL BALANCE OF EXPENSES

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	New Capital Related Costs-Buildings and Fixtures	\$ 1,172,254	\$ (4,350)	\$ 1,167,904
1.01	New Capital Related Costs-Off Campus	6,109	0	6,109
2.00	New Capital Related Costs-Movable Equipment	372,182	0	372,182
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	305,014	(661)	304,353
5.01	Nonpatient Telephones	94,014	0	94,014
5.02	Data Processing	344,011	0	344,011
5.03	Purchasing, Receiving and Stores	175,127	0	175,127
5.04	Admitting	143,427	(30)	143,397
5.05	Cashiering/Accounts Receivable	347,304	0	347,304
			0	0
			0	0
			0	0
5.06	Other Administrative and General	1,655,104	(191,611)	1,463,493
6.00	Maintenance and Repairs	594,288	(37)	594,251
7.00	Operation of Plant	412,416	13,452	425,868
8.00	Laundry and Linen Service	156,657	0	156,657
9.00	Housekeeping	331,676	0	331,676
10.00	Dietary	512,134	23,577	535,711
11.00	Cafeteria	66,443	(66,443)	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	1,050,233	(645)	1,049,588
14.00	Central Services and Supply	13,356	0	13,356
15.00	Pharmacy	531,464	(2,565)	528,899
16.00	Medical Records & Library	389,513	0	389,513
17.00	Social Service	137,540	0	137,540
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)	1,341,935	(19,184)	1,322,751
31.00	Intensive Care Unit	0	15,072	15,072
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		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility	2,259,980	(94,580)	2,165,400
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 392,893	\$ (20,307)	\$ 372,586
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room		0	0
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	640,275	0	640,275
55.00	Radiology-Therapeutic		0	0
56.00	Radioisotope		0	0
57.00	Computed Tomography (CT) Scan		0	0
58.00	Magnetic Resonance Imaging (MRI)		0	0
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	988,876	(3,280)	985,596
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.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	269,743	0	269,743
66.00	Physical Therapy	275,450	(2,158)	273,292
67.00	Occupational Therapy	30,047	0	30,047
68.00	Speech Pathology		0	0
69.00	Electrocardiology	41,155	0	41,155
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	870,478	0	870,478
72.00	Implantable Devices Charged to Patients		0	0
73.00	Drugs Charged to Patients	332,416	0	332,416
74.00	Renal Dialysis		0	0
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		0	0
77.00			0	0
78.00			0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)	922,712	0	922,712
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic		0	0
91.00	Emergency	1,449,286	0	1,449,286
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>	\$ 18,625,512	\$ (353,750)	\$ 18,271,762
	<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:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

		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. tchng. prgm.)		0	0
101.00	Home Health Agency		0	0
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		0	0
191.00	Research		0	0
194.00	Non-Reimb Physicians	502,973	(15,014)	487,959
194.01	Retail Pharmacy	1,673,309	0	1,673,309
194.02	Public Relations	92,958	4,350	97,308
194.03	Auxillary Thrift Store		71,656	71,656
194.06	Beauty Shop		0	0
			0	0
	SUBTOTAL	\$ 2,269,240	\$ 60,992	\$ 2,330,232
200	TOTAL	\$ 20,894,752	\$ (292,758)	\$ 20,601,994

(To Schedule 8)











Provider Name:  
KERN VALLEY HEALTHCARE DISTRICT

Fiscal Period Ended:  
JUNE 30, 2012

	AUDIT ADJ 13	AUDIT ADJ 14	AUDIT ADJ 15	AUDIT ADJ 16	AUDIT ADJ 17	AUDIT 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												
194.00 Non-Reimb Physicians												
194.01 Retail Pharmacy												
194.02 Public Relations												
194.03 Auxillary Thrift Store												
194.06 Beauty Shop												
200.00 TOTAL	(3,286)	(12,228)	593	(72,743)	(57,827)	0	0	0	0	0	0	0

Provider Name							Fiscal Period	Provider NPI		Adjustments
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012	1427049964		35
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>RECLASSIFICATIONS OF REPORTED COSTS</b>										
1	10A	A			30.00	7	Adults and Pediatrics	\$1,341,935	(\$15,072)	\$1,326,863 *
	10A	A			31.00	7	Intensive Care Unit To reclassify intensive care unit expenses for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102 and 2304	0	15,072	15,072
2	10A	A			11.00	7	Cafeteria	\$66,443	(\$154,132)	(\$87,689) *
	10A	A			194.00	7	Non-Reimbursable Physicians	502,973	(14,961)	488,012 *
	10A	A			10.00	7	Dietary To reverse the provider's reclassification of dietary expenses to be allocated through the step-down method. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2304, 2306 and 2307	512,134	169,093	681,227 *
3	10A	A			10.00	7	Dietary	* \$681,227	(\$87,689)	\$593,538 *
	10A	A			11.00	7	Cafeteria To reclassify provider abatement of guest meals and vending machine revenue for proper cost determination and in conjunction with adjustment 2. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*(87,689)	87,689	0
4	10A	A			1.00	7	New Capital Related Costs-Building and Fixtures	\$1,172,254	(\$4,350)	\$1,167,904
	10A	A			194.02	7	Public Relations To reclassify directly assignable capital costs for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	92,958	4,350	97,308

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012		1427049964		35
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>											
5	10A	A		4.00	7	Employee Benefits	\$305,014	(\$661)	\$304,353		
	10A	A		5.04	7	Admitting	143,427	(30)	143,397		
	10A	A		5.06	7	Other Administrative and General	1,655,104	(2,267)	1,652,837 *		
	10A	A		6.00	7	Maintenance and Repairs	594,288	(37)	594,251		
	10A	A		13.00	7	Nursing Administration	1,050,233	(645)	1,049,588		
	10A	A		15.00	7	Pharmacy	531,464	(2,565)	528,899		
	10A	A		30.00	7	Adults and Pediatrics	* 1,326,863	(1,612)	1,325,251 *		
	10A	A		44.00	7	Skilled Nursing Facility	2,259,980	(144)	2,259,836 *		
	10A	A		60.00	7	Laboratory	988,876	(3,280)	985,596		
	10A	A		66.00	7	Physical Therapy	275,450	(2,158)	273,292		
	10A	A		194.00	7	Non-Reimbursable Physicians	* 488,012	(53)	487,959		
	10A	A		7.00	7	Operation of Plant	412,416	13,452	425,868		
To reclassify utility expenses to be allocated through the step-down method for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2306											

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012		1427049964		35
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 COSTS</b>											
	10A	A			5.06	7	Other Administrative and General	*	\$1,652,837		
6							To eliminate unallowable bond refunding loss and bond interest expense that constitute a duplicate payment, not necessary, and due to lack of documentation. 42 CFR 413.9(c) and 413.153 CMS Pub. 15-1, Sections 202.2, 233.3 and 233.4			(\$75,181)	
7							To eliminate legal fees due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(90,163)	
8							To eliminate medical director fees for duplication of duties for the overall hospital. 42 CFR 413.9 and 413.24 CMS Pub. 15-1, Sections 2102.1, 2102.3, 2103, 2108.6, 2300 and 2304			<u>(24,000)</u> (\$189,344)	\$1,463,493
9	10A	A			194.03	7	Auxiliary Thrift Store To include auxiliary expenses for proper cost finding. 42 CFR 413.9, 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2328		\$0	\$71,656	\$71,656
10	10A	A			30.00	7	Adult and Pediatrics	*	\$1,325,251	(\$2,500)	\$1,322,751
	10A	A			50.00	7	Operating Room To eliminate medical director fees to agree with the medical director agreements. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102 and 2304		392,893	(20,307)	372,586

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments	
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012		1427049964		35	
Report References							Explanation of Audit Adjustments					
Adj. No.	Audit Report	Cost Report										As Reported
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED COSTS</b>												
	10A	A			44.00	7	Skilled Nursing Facility	*	\$2,259,836			
11							To eliminate travel expenses not related to patient care and due to insufficient documentation. 42 CFR 413.20, 413.24 and 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3, 2300 and 2304				(\$5,539)	
12							To eliminate dental costs for individual patients. 42 CFR 413.9 CMS Pub. 15-1, Section 2104.4 CCR, Title 22, Section 51511(c)				(1,233)	
13							To eliminate patients' personal loss expenses not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Section 2102.3				(3,286)	
14							To eliminate costs of supplies that should be capitalized net of allowable depreciation expense and due to insufficient documentation. 42 CFR 413.20, 413.50, and 413.134 CMS Pub. 15-1, Sections 108.1, 2300, and 2302.4				(12,228)	
15							To allow depreciation expense of the automated entrance in accordance with the prior year's audit finding. 42 CFR 413.20, 413.50, and 413.134 CMS Pub. 15-1, Sections 108.1, 2300, and 2302.4				593	
16							To eliminate items not included in the rate. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102 and 2304 CCR, Title 22, Sections 51511(c) and 51321				<u>(72,743)</u> (\$94,436)	\$2,165,400

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012	1427049964		35	
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>ADJUSTMENTS TO REPORTED COSTS</u></b>											
17	10A	A			10.00	7	Dietary To abate cafeteria meal revenue according to provider's record. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$593,538	(\$57,827)	\$535,711

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012		1427049964		35
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 STATISTICS</b>											
18	9	B-1			30.00	4	Adult and Pediatrics (Gross Salaries)	994,855	(4,685)	990,170	
	9	B-1			31.00	4	Intensive Care Unit To reclassify Gross Salaries statistics for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	4,685	4,685	
19	9	B-1			30.00	5.03	Adult and Pediatrics (Cost of Supplies)	11,060	(277)	10,783	
	9	B-1			31.00	5.03	Intensive Care Unit To adjust Cost of Supplies statistics for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	277	277	
20	9	B-1			30.00	8	Adult and Pediatrics (Pounds of Laundry)	32,368	(8)	32,360	
	9	B-1			31.00	8	Intensive Care Unit To adjust Pounds of Laundry statistics for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	8	8	
21	9	B-1			30.00	11	Adult and Pediatrics (FTE's)	1,467	(1)	1,466	
	9	B-1			31.00	11	Intensive Care Unit To adjust cafeteria FTE's statistics for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	1	1	
22	9	B-1			30.00	13	Adult and Pediatrics (Hours of Service)	30,564	(141)	30,423	
	9	B-1			31.00	13	Intensive Care Unit To adjust nursing administration Hours of Service statistics for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	141	141	

Provider Name							Fiscal Period		Provider NPI		Adjustments
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012		1427049964		35
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>ADJUSTMENTS TO REPORTED STATISTICS</b>											
23	9	B-1		5.06	1,2	Other Administrative and General (Square Feet)	1,906	40	1,946		
	9	B-1		30.00	1,2,6,7,9	Adults and Pediatrics	3,466	(528)	2,938		
	9	B-1		31.00	1,2,6,7,9	Intensive Care Unit	0	444	444		
	9	B-1		44.00	1,2,6,7,9	Skilled Nursing Facility	13,306	(252)	13,054		
	9	B-1		88.00	1,2,6,9	Rural Health Clinic	0	3,500	3,500		
	9	B-1		194.00	1,2,6,7,9	Non-Reimbursable Physicians	0	1,500	1,500		
	9	B-1		194.01	2,6,9	Retail Pharmacy	0	1,400	1,400		
	9	B-1		194.03	6,9	Auxiliary Thrift Store	0	5,830	5,830		
	9	B-1		194.06	1,2,6,7,9	Beauty Shop	0	252	252		
	9	B-1		1.00	1	Total Statistics - Square Feet	59,063	4,956	64,019		
	9	B-1		2.00	2	Total Statistics - Square Feet	59,063	6,356	65,419		
	9	B-1		6.00	6	Total Statistics - Square Feet	53,211	12,146	65,357		
	9	B-1		7.00	7	Total Statistics - Square Feet	42,620	1,416	44,036		
	9	B-1		9.00	9	Total Statistics - Square Feet	41,280	12,146	53,426		
To adjust the square footage statistics to agree with the provider's square footage summary records. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306											
24	9	B-1		11.00	10	Cafeteria (Meals Served)	0	24,140	24,140		
	9	B-1		30.00	10	Adults and Pediatrics	10,554	(1,845)	8,709		
	9	B-1		31.00	10	Intensive Care Unit	0	3	3		
	9	B-1		44.00	10	Skilled Nursing Facility	63,466	(379)	63,087		
	9	B-1		50.00	10	Operating Room	0	6	6		
	9	B-1		194.00	10	Non-Reimbursable Physicians	0	2,964	2,964		
	9	B-1		10.00	10	Total Statistics - Meal Served	75,382	24,889	100,271		
To eliminate unallowable meal counts and to adjust total meals to agree with the provider's dietary meal statistics record. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304											

Provider Name							Fiscal Period	Provider NPI	Adjustments		
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012	1427049964	35		
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>ADJUSTMENTS TO REPORTED PATIENT DAYS</u></b>											
25	4	D-1	I	XIX	1.00	1	Adults and Pediatrics	3,117	1	3,118	
	4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Exclude Swing-Beds)	1,971	1	1,972	
	DPNF 1	S-3	I		19.00	8	Total Inpatient Days - Skilled Nursing Facility	21,029	271	21,300	
							To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304				

Provider Name							Fiscal Period	Provider NPI		Adjustments
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012	1427049964		35
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>ADJUSTMENT TO REPORTED TOTAL CHARGES</u></b>										
26	5	C			92.00	8	Observation Beds (Non Distinct Part) To eliminate observation bed charges for proper matching of revenue to expenses. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6 and 2304	\$195,463	(\$195,463)	\$0

Provider Name							Fiscal Period	Provider NPI	Adjustments		
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012	1427049964	35		
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>											
27	4	D-1	I	XIX	9.00	1	Medi-Cal Inpatient Days - Adults and Pediatrics	152	11	163	
28	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$30,328	(\$1,631)	\$28,697	
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	156,788	6,640	163,428	
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	48,011	2,679	50,690	
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	1,241	205	1,446	
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	105,495	4,727	110,222	
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	305,079	6,283	311,362	
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	667,994	18,903	686,897	
29	2	E-3		XIX	8.00	1	Medi-Cal Routine Charges - Total	\$242,805	\$9,852	\$252,657	
	2	E-3		XIX	9.00	1	Medi-Cal Ancillary Charges - Total	667,994	18,904	686,898	
30	3	E-3		XIX	33.00	1	Coinsurance	\$8,422	\$7,891	\$16,313	
	1	E-3		XIX	41.00	1	Medi-Cal Interim Payments	246,058	6,669	252,727	
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following                      Fiscal Intermediary Payment Data:                      Report Date: 08/20/13                      Payment Period: 07/01/11 - 07/31/13                      Service Period: 07/01/11 - 06/30/12                      42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64                      CMS Pub. 15-1, Sections 2304 and 2408</p>											

Provider Name							Fiscal Period	Provider NPI		Adjustments
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012	1427049964		35
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>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</b>										
31	DPNF 1	S-3	I	XIX	19.00	7	Medi-Cal Inpatient Days - Skilled Nursing Facility To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: 08/20/13 Payment Period: 07/01/11 through 07/31/13 Service Period: 07/01/11 through 06/30/12 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 413.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408	19,540	198	19,738

Provider Name							Fiscal Period	Provider NPI		Adjustments	
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012	1427049964		35	
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 - SWING BEDS</b>											
32	4	D-1	I	XIX	17.00	1	Medicare SNF Swing - Bed Rate through December 31, 2011	\$0	\$722.14	\$722.14	
	4	D-1	I	XIX	5.00	1	Medicare SNF Swing - Days through December 31, 2011	284	115	399	
	4	D-1	I	XIX	18.00	1	Medicare SNF Swing - Bed Rate after December 31, 2011	\$0	\$722.14	\$722.14	
	4	D-1	I	XIX	6.00	1	Medicare SNF Swing - Days after December 31, 2011	283	249	532	
							To adjust Medicare swing-bed rates to agree with critical access hospital instructions and for proper cost determination. 42 CFR 413.53 CMS Pub. 15-1, Sections 2230.5 and 2231 CMS Pub. 15-2, Section 4025.1				
33	4	D-1	I	XIX	19.00	1	Medi-Cal NF Swing - Bed Rate through July 31, 2011	\$409.39	(\$104.24)	\$305.15	
	4	D-1	I	XIX	7.00	1	Medi-Cal NF Swing - Days through July 31, 2011	182	(182)	0	
	4	D-1	I	XIX	20.00	1	Medi-Cal NF Swing - Bed Rate after July 31, 2011	\$416.95	(\$109.70)	\$307.25	
	4	D-1	I	XIX	8.00	1	Medi-Cal NF Swing - Days after July 31, 2011	182	(181)	1	
							To adjust Medi-Cal swing-bed rates for proper cost determination. 42 CFR 413.53 CMS Pub. 15-1, Sections 2230.5 and 2231 CMS Pub. 15-2, Section 4025.1				

Provider Name							Fiscal Period			Provider NPI		Adjustments
KERN VALLEY HEALTHCARE DISTRICT							JULY 1, 2011 THROUGH JUNE 30, 2012			1427049964		35
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>ADJUSTMENTS TO OTHER MATTERS</u></b>												
34	1	N/A					Medi-Cal Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$20,891	\$20,891		
35	1	N/A					Medi-Cal Overpayments To recover Medi-Cal overpayment due to billing error. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102, 2304 and 2306 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$2,795	\$2,795		