

**REPORT
ON THE
COST REPORT REVIEW
PACIFICA HOSPITAL OF THE VALLEY
SUN VALLEY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS: 1548328750
AND 1699835082
FISCAL PERIOD ENDED
DECEMBER 31, 2012**

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

**Section Chief: Allen Dervi
Audit Supervisor: Henry Kwan
Auditor: Tabusum Faridi**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 8, 2014

Kathryn Calafato
Chief Financial Officer
Pacifica Hospital of the Valley
9449 San Fernando Road
Sun Valley, CA 91352

PACIFICA HOSPITAL OF THE VALLEY
NATIONAL PROVIDER IDENTIFIER (NPI) 1548328750
FISCAL PERIOD ENDED DECEMBER 31, 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 combined settlement for the fiscal period due the State in the amount of \$9,412, 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 Contract Cost (CONTRACT Schedules)
3. Computation of Subacute Per Diem (ADULT SUBACUTE Schedules)
4. Audit Adjustments Schedule

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

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

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:

Lisa Alder, Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

Allen Dervi, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1)		
Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
2. Subprovider I (SCHEDULE 1-1)		
Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2)		
Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1)		
Provider NPI: 1548328750		
Reported		\$ 5,025,242
Net Change		\$ <u>480,589</u>
Audited Cost		\$ 5,505,831
Audited Amount Due Provider (State)	\$ (4,969)	
5. Distinct Part Nursing Facility (DPNF SCH 1)		
Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1)		
Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1)		
Provider NPI: 1699835082		
Reported		\$ 0.00
Net Change		\$ <u>697.51</u>
Audited Cost Per Day		\$ 697.51
Audited Amount Due Provider (State)	\$ (4,443)	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (9,412)	
9. Total Medi-Cal Cost		\$ 5,505,831

SUMMARY OF FINDINGS

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (9,412)	

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1548328750

	<u>REPORTED</u>	<u>AUDITED</u>
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>5,025,242</u>	\$ <u>5,505,831</u>
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>5,025,242</u>	\$ <u>5,505,831</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u><u>5,025,242</u></u>	\$ <u><u>5,505,831</u></u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj 20)	\$ <u>0</u>	\$ <u>(2,564)</u>
10. Medi-Cal Credit Balances (Adj 19)	\$ <u>0</u>	\$ <u>(2,405)</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>0</u></u>	\$ <u><u>(4,969)</u></u>
	(To Summary of Findings)	

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1548328750

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>5,080,262</u>	\$ <u>5,562,908</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 14)	\$ <u>5,591,350</u>	\$ <u>5,933,200</u>
3. Inpatient Ancillary Service Charges (Adj 14)	\$ <u>6,667,774</u>	\$ <u>7,799,166</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>12,259,124</u>	\$ <u>13,732,366</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>7,178,862</u>	\$ <u>8,169,458</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1548328750

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>2,356,161</u>	\$ <u>2,672,149</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>2,724,101</u>	\$ <u>2,890,759</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4. Medical and Other Services	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>5,080,262</u>	\$ <u>5,562,908</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>5,080,262</u>	\$ <u>5,562,908</u>
	(To Contract Sch 2)	
9. Medi-Cal Deductible (Adj 15)	\$ <u>(49,211)</u>	\$ <u>(7,117)</u>
10. Medi-Cal Coinsurance (Adj 15)	\$ <u>(5,809)</u>	\$ <u>(49,960)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>5,025,242</u></u>	\$ <u><u>5,505,831</u></u>
	(To Contract Sch 1)	

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1548328750

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	23,114	23,114
2. Inpatient Days (include private, exclude swing-bed)	23,114	23,114
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 9)	22,968	23,114
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 12)	1,968	2,090

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 26)	\$ 16,490,149	\$ 16,563,182
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)	\$ 16,490,149	\$ 16,563,182

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 38,137,751	\$ 38,137,751
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 38,137,751	\$ 38,137,751
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.432384	\$ 0.434299
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 1,660.47	\$ 1,649.98
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)	\$ 16,490,149	\$ 16,563,182

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 713.43	\$ 716.59
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,404,030	\$ 1,497,673
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 1,320,071	\$ 1,393,086
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 2,724,101	\$ 2,890,759

(To Contract Sch 3)

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1548328750

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 970,368	\$ 969,058
2. Total Inpatient Days (Adj)	1,493	1,493
3. Average Per Diem Cost	\$ 649.95	\$ 649.07
4. Medi-Cal Inpatient Days (Adj 12)	789	798
5. Cost Applicable to Medi-Cal	\$ 512,811	\$ 517,958
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 3,382,336	\$ 3,397,205
12. Total Inpatient Days (Adj)	1,743	1,743
13. Average Per Diem Cost	\$ 1,940.53	\$ 1,949.06
14. Medi-Cal Inpatient Days (Adj 12)	416	449
15. Cost Applicable to Medi-Cal	\$ 807,260	\$ 875,128
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 1,320,071	\$ 1,393,086

(To Contract Sch 4)

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1548328750

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1548328750

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
50.00	Operating Room	\$ 1,808,167	\$ 2,137,000	0.846124	\$ 341,001	\$ 288,529
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	1,860,461	775,524	2.398972	291,926	700,322
53.00	Anesthesiology	3,849	292,217	0.013173	40,612	535
54.00	Radiology-Diagnostic	1,280,224	2,113,060	0.605863	156,077	94,561
54.01	Ultra Sound	156,052	1,716,094	0.090935	147,038	13,371
56.00	Radioisotope	45,332	112,940	0.401383	15,837	6,357
57.00	Computed Tomography (CT) Scan	331,740	3,721,174	0.089149	234,314	20,889
58.00	Magnetic Resonance Imaging (MRI)	34,057	276,159	0.123326	12,500	1,542
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	3,267,824	9,643,151	0.338875	1,304,076	441,919
60.01	Vascular Lab	90,951	354,906	0.256267	0	0
60.02	Pulmonary Function Testing	12,469	562,531	0.022166	107,056	2,373
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	1,782,300	16,361,765	0.108931	721,855	78,632
66.00	Physical Therapy	704,446	1,332,727	0.528575	20,086	10,617
67.00	Occupational Therapy	349,931	445,219	0.785974	369	290
68.00	Speech Pathology	163,036	313,088	0.520737	3,791	1,974
69.00	Electrocardiology	165,396	1,296,433	0.127578	177,074	22,591
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	1,453,341	9,429,066	0.154134	1,511,296	232,942
72.00	Implantable Devices Charged to Patients	250,042	467,308	0.535069	27,056	14,477
73.00	Drugs Charged to Patients	3,261,438	10,163,884	0.320885	1,523,947	489,012
74.00	Renal Dialysis	222,403	424,420	0.524017	81,908	42,921
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Endoscopy	137,127	89,996	1.523696	12,511	19,063
77.00		0	0	0.000000	0	0
78.00		0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
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	5,486	16,282	0.336950	0	0
91.00	Emergency	3,710,163	20,956,022	0.177045	1,068,836	189,232
92.00	Observation Beds	0	288,071	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
TOTAL		\$ 21,096,237	\$ 83,289,037		\$ 7,799,166	\$ 2,672,149

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1548328750

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 13)	AUDITED
50.00	Operating Room	\$ 331,893	\$ 9,108	\$ 341,001
51.00	Recovery Room	0		0
52.00	Labor Room and Delivery Room	282,513	9,413	291,926
53.00	Anesthesiology	39,664	948	40,612
54.00	Radiology-Diagnostic	111,026	45,051	156,077
54.01	Ultra Sound	139,378	7,660	147,038
56.00	Radioisotope	12,700	3,137	15,837
57.00	Computed Tomography (CT) Scan	211,245	23,069	234,314
58.00	Magnetic Resonance Imaging (MRI)	12,499	1	12,500
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	1,152,154	151,922	1,304,076
60.01	Vascular Lab	0		0
60.02	Pulmonary Function Testing	101,875	5,181	107,056
63.00	Blood Storing, Processing, & Trans.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	664,443	57,412	721,855
66.00	Physical Therapy	14,564	5,522	20,086
67.00	Occupational Therapy	369		369
68.00	Speech Pathology	1,295	2,496	3,791
69.00	Electrocardiology	159,515	17,559	177,074
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	1,398,343	112,953	1,511,296
72.00	Implantable Devices Charged to Patients	27,056		27,056
73.00	Drugs Charged to Patients	988,240	535,707	1,523,947
74.00	Renal Dialysis	75,895	6,013	81,908
75.00	ASC (Non-Distinct Part)	0		0
76.00	Endoscopy	9,045	3,466	12,511
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)	0		0
89.00	Federally Qualified Health Center (FQHC)	0		0
90.00	Clinic	0		0
91.00	Emergency	934,062	134,774	1,068,836
92.00	Observation Beds	0		0
93.00	Other Outpatient Services (Specify)	0		0
93.01		0		0
93.02		0		0
93.03		0		0
93.04		0		0
93.05		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 6,667,774	\$ 1,131,392	\$ 7,799,166

(To Contract Sch 5)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1699835082

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 0	\$ 3,121,082	\$ 3,121,082
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 13,624,770	\$ 13,638,640	\$ 13,870
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 13,624,770	\$ 16,759,722	\$ 3,134,952
4. Total Adult Subacute Patient Days (Adj 10)	0	24,028	24,028
5. Average Adult Subacute Per Diem Cost (L3 ÷ L4)	\$ 0.00	\$ 697.51	\$ 697.51
ADULT SUBACUTE OVERPAYMENT & OVERBILLINGS			
6. Medi-Cal Overpayments (Adj 22)	\$ 0	\$ (4,443)	\$ (4,443)
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (4,443)	\$ (4,443)
		(To Summary of Findings)	
GENERAL INFORMATION			
9. Contracted Number of Adult Subacute Beds (Adj 21)	98	89	(9)
10. Total Licensed Nursing Facility Beds (Adj)	98	98	0
11. Total Licensed Capacity (All levels of care)(Adj)	231	231	0
12. Total Medi-Cal Adult Subacute Patient Days (Adj 18)	0	22,718	22,718
CAPITAL RELATED COST			
13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 490,230	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 490,230	N/A
TOTAL SALARY & BENEFITS			
16. Direct Salary & Benefits Expenses	N/A	\$ 6,154,926	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 3,594,661	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 9,749,587	N/A
AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR			
	AUDITED COSTS (Adj 17)	AUDITED TOTAL DAYS (Adj 11)	AUDITED MEDI-CAL DAYS (Adj 18)
19. Ventilator (Equipment Cost Only)	\$ 87,462	4,557	3,910
20. Nonventilator	N/A	19,471	18,808
21. TOTAL	N/A	24,028	22,718

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1699835082

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 7,191,805	\$ 7,153,073	\$ (38,732)
1.00	Capital Related Costs-Buildings and Fixtures	38,011	85,910	47,899
2.00	Capital Related Costs-Movable Equipment	170,678	178,848	8,170
3.00	Other Capital Related Costs	0	0	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	1,260,086	1,260,879	793
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	1,903,821	1,837,447	(66,374)
6.00	Maintenance and Repairs	0	0	0
7.00	Operation of Plant	746,935	768,946	22,011
8.00	Laundry and Linen Service	280,535	280,232	(303)
9.00	Housekeeping	366,355	365,765	(590)
10.00	Dietary	402,894	514,020	111,126
11.00	Cafeteria	333,047	225,054	(107,993)
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	596,860	577,184	(19,676)
14.00	Central Services and Supply	0	60,167	60,167
15.00	Pharmacy	0	0	0
16.00	Medical Records & Library	282,644	280,289	(2,355)
17.00	Social Service	51,099	50,824	(275)
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 13,624,770	\$ 13,638,640	\$ 13,870

(To Adult Subacute Sch 1)

* From Schedule 8, Line 46.00

**ALLOCATION OF INDIRECT EXPENSES
ADULT SUBACUTE**

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1699835082

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 85,910	\$ N/A
2.00	Capital Related Costs-Movable Equipment	178,848	N/A
3.00	Other Capital Related Costs	0	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	3,739	1,257,140
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	35,228	633,075
6.00	Maintenance and Repairs	0	0
7.00	Operation of Plant	107,701	291,542
8.00	Laundry and Linen Service	7,031	49,428
9.00	Housekeeping	8,412	247,127
10.00	Dietary	27,200	246,087
11.00	Cafeteria	8,321	187,326
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	12,893	449,816
14.00	Central Services and Supply	5,497	22,902
15.00	Pharmacy	0	0
16.00	Medical Records & Library	7,611	171,241
17.00	Social Service	1,838	38,976
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 ALLOCATED INDIRECT EXPENSES	\$ 490,230	\$ 3,594,661

(To Adult Subacute Sch 1)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 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 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	0	0
191.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00	Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00	Marketing	0	6,442	0	0	0	0	0	0	0	0	49,933	10,572
194.01	Patient Transportation	0	7,209	0	0	0	0	0	0	0	0	61,463	13,013
194.02	Guest and Free Meals	0	0	0	0	0	0	0	0	0	0	50,505	10,693
194.03		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	<u>6,389,162</u>	0	0	0	0	0	0	0	0	<u>55,896,310</u>	<u>9,766,542</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:

Fiscal Period Ended:

PACIFICA HOSPITAL OF THE VALLEY

DECEMBER 31, 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	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Marketing	0	0	0	0	0	2,389	0	0	1,348	0	0	0
194.01 Patient Transportation	0	0	0	0	0	2,660	0	7,259	0	0	0	0
194.02 Guest and Free Meals	0	15,012	0	7,141	0	0	0	0	0	0	0	0
194.03	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	3,043,233	592,980	1,408,158	1,500,715	875,272	0	1,726,443	590,865	1,692,598	1,148,088	127,060

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC (SPECIFIC) 18.00	ANESTHETIST 19.00	SCHOOL 20.00	SAL & BENEFITS 21.00	PROGRAM COSTS 22.00	EDUCATION PROGRAM 23.00	COST 23.01	COST 23.02	24.00	STEP-DOWN ADJUSTMENT 25.00	COST 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	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
194.00 Marketing	0	0	0	0	0	0	0	0	64,242	0	64,242
194.01 Patient Transportation	0	0	0	0	0	0	0	0	84,395	0	84,395
194.02 Guest and Free Meals	0	0	0	0	0	0	0	0	83,351	0	83,351
194.03	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>55,896,310</u>	<u>0</u>	<u>55,896,310</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES)	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS							
	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												0
191.00	Research												0
192.00	Physicians' Private Offices												0
193.00	Nonpaid Workers												0
194.00	Marketing	31,448											49,933
194.01	Patient Transportation	35,191											61,463
194.02	Guest and Free Meals												50,505
194.03													0
	TOTAL	31,188,412	0	0	0	0	0	0	0	0		46,129,768	0
	COST TO BE ALLOCATED	6,389,162	0	0	0	0	0	0	0	0		9,766,542	0
	UNIT COST MULTIPLIER - SCH 8	0.204857	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.211719	0.000000

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

	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 (Adj 5) (Adj)	8.00 (Adj) (Adj)	9.00 (Adj 5) (Adj)	10.00 (Adj) (Adj)	11.00 (Adj 6) (Adj)	12.00 (Adj) (Adj)	13.00 (Adj 7) (Adj)	14.00 (Adj 8) (Adj)	15.00 (Adj) (Adj)	16.00 (Adj) (Adj)	17.00 (Adj) (Adj)	18.00 (Adj) (Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01												
5.02												
5.03												
5.04												
5.05												
5.06												
5.07												
5.08												
5.00	Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	Laundry and Linen Service 846											
9.00	Housekeeping 1,776 12,822											
10.00	Dietary 4,774 6,744 4,774											
11.00	Cafeteria 1,878 1,878											
12.00	Maintenance of Personnel											
13.00	Nursing Administration 2,029 2,029 809											
14.00	Central Services and Supply 3,338 857 3,338 212											
15.00	Pharmacy 1,279 1,279 1,271 69,371											
16.00	Medical Records & Library 1,682 1,682 860 10,766											
17.00	Social Service 260 260 85 1,147											
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) 18,762 203,798 18,762 68,403 10,800 213,707 229,645 38,137,751 6,240											
31.00	Intensive Care Unit											
32.00	Coronary Care Unit 4,847 28,486 4,847 2,138 1,747 36,333 28,226 6,100,500											
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 1,157 5,147 1,157 406 8,436 34,341 1,119,750											
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Subacute Care Unit 24,330 324,725 24,330 38,566 8,291 162,685 309,101 41,551,510 4,160											
47.00												

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

	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 (Adj 5) (Adj)	8.00 (Adj) (Adj)	9.00 (Adj 5) (Adj)	10.00 (Adj) (Adj)	11.00 (Adj 6) (Adj)	12.00 (Adj) (Adj)	13.00 (Adj 7) (Adj)	14.00 (Adj 8) (Adj)	15.00 (Adj) (Adj)	16.00 (Adj) (Adj)	17.00 (Adj) (Adj)	18.00 (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												
193.00 Nonpaid Workers												
194.00 Marketing					88			6,926				
194.01 Patient Transportation					98		2,046					
194.02 Guest and Free Meals	475		475									
194.03												
TOTAL	96,290	687,128	93,668	112,596	32,245	0	486,615	3,035,520	1,238,141	170,198,348	10,400	0
COST TO BE ALLOCATED	3,043,233	592,980	1,408,158	1,500,715	875,272	0	1,726,443	590,865	1,692,598	1,148,088	127,060	0
UNIT COST MULTIPLIER - SCH 8	31.604869	0.862983	15.033502	13.328319	27.144430	0.000000	3.547863	0.194650	1.367048	0.006746	12.217266	0.000000

Provider Name:

PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:

DECEMBER 31, 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)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01							
5.02							
5.03							
5.04							
5.05							
5.06							
5.07							
5.08							
5.00	Administrative and General						
6.00	Maintenance and Repairs						
7.00	Operation of Plant						
8.00	Laundry and Linen Service						
9.00	Housekeeping						
10.00	Dietary						
11.00	Cafeteria						
12.00	Maintenance of Personnel						
13.00	Nursing Administration						
14.00	Central Services and Supply						
15.00	Pharmacy						
16.00	Medical Records & Library						
17.00	Social Service						
18.00	Other General Service (specify)						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Service-Salary & Fringes (Approved)						
22.00	Intern & Res. Other Program Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.01							
23.02							
INPATIENT ROUTINE COST CENTERS							
30.00	Adults & Pediatrics (Gen Routine)						
31.00	Intensive Care Unit						
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Other Special Care (specify)						
40.00	Subprovider - IPF						
41.00	Subprovider - IRF						
42.00	Subprovider (specify)						
43.00	Nursery						
44.00	Skilled Nursing Facility						
45.00	Nursing Facility						
46.00	Subacute Care Unit						
47.00							

Provider Name:

PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:

DECEMBER 31, 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)
	(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						
54.01	Ultra Sound						
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
60.01	Vascular Lab						
60.02	Pulmonary Function Testing						
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	Endoscopy						
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. tchn. prgm.)						
101.00	Home Health Agency						

TRIAL BALANCE OF EXPENSES

Provider Name:

PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:

DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 239,454	\$ 301,749	\$ 541,203
2.00	Capital Related Costs-Movable Equipment	1,075,207	51,472	1,126,679
3.00	Other Capital Related Costs	0	0	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	6,370,216	0	6,370,216
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	9,361,793	(353,221)	9,008,572
6.00	Maintenance and Repairs	0	0	0
7.00	Operation of Plant	1,930,825	0	1,930,825
8.00	Laundry and Linen Service	447,830	0	447,830
9.00	Housekeeping	943,173	0	943,173
10.00	Dietary	699,627	207,336	906,963
11.00	Cafeteria	773,498	(252,672)	520,826
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	1,104,849	0	1,104,849
14.00	Central Services and Supply	297,004	0	297,004
15.00	Pharmacy	1,098,210	0	1,098,210
16.00	Medical Records & Library	744,600	0	744,600
17.00	Social Service	75,830	0	75,830
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	9,045,053	0	9,045,053
31.00	Intensive Care Unit	0	0	0
32.00	Coronary Care Unit	1,980,906	0	1,980,906
33.00	Burn Intensive Care Unit	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0
35.00	Other Special Care (specify)	0	0	0
40.00	Subprovider - IPF	0	0	0
41.00	Subprovider - IRF	0	0	0
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	597,386	0	597,386
44.00	Skilled Nursing Facility	0	0	0
45.00	Nursing Facility	0	0	0
46.00	Subacute Care Unit	7,191,805	(38,732)	7,153,073
47.00		0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 873,803	\$ 0	\$ 873,803
51.00	Recovery Room	0	0	0
52.00	Labor Room and Delivery Room	1,097,950	0	1,097,950
53.00	Anesthesiology	1,550	0	1,550
54.00	Radiology-Diagnostic	747,440	0	747,440
54.01	Ultra Sound	99,326	0	99,326
56.00	Radioisotope	29,772	0	29,772
57.00	Computed Tomography (CT) Scan	168,390	0	168,390
58.00	Magnetic Resonance Imaging (MRI)	2,576	0	2,576
59.00	Cardiac Catheterization	0	0	0
60.00	Laboratory	2,109,321	0	2,109,321
60.01	Vascular Lab	5,450	0	5,450
60.02	Pulmonary Function Testing	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	1,103,660	0	1,103,660
66.00	Physical Therapy	390,161	0	390,161
67.00	Occupational Therapy	166,231	0	166,231
68.00	Speech Pathology	110,191	0	110,191
69.00	Electrocardiology	85,711	0	85,711
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	988,173	0	988,173
72.00	Implantable Devices Charged to Patients	175,551	0	175,551
73.00	Drugs Charged to Patients	1,238,141	0	1,238,141
74.00	Renal Dialysis	181,182	0	181,182
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Endoscopy	81,818	0	81,818
77.00		0	0	0
78.00		0	0	0
79.00		0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	3,454	0	3,454
91.00	Emergency	2,200,180	0	2,200,180
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
	SUBTOTAL	\$ 55,837,297	\$ (84,068)	\$ 55,753,229
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	0
95.00	Ambulance Services	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)	0	0	0
101.00	Home Health Agency	0	0	0
105.00	Kidney Acquisition	0	0	0
106.00	Heart Acquisition	0	0	0
107.00	Liver Acquisition	0	0	0
108.00	Lung Acquisition	0	0	0
109.00	Pancreas Acquisition	0	0	0
110.00	Intestinal Acquisition	0	0	0
111.00	Islet Acquisition	0	0	0
112.00	Other Organ Acquisition (specify)	0	0	0
113.00	Interest Expense	0	0	0
114.00	Utilization Review-SNF	0	0	0
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0
116.00	Hospice	0	0	0
117.00	Other Special Purpose (specify)	0	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0
191.00	Research	0	0	0
192.00	Physicians' Private Offices	0	0	0
193.00	Nonpaid Workers	0	0	0
194.00	Marketing	43,491	0	43,491
194.01	Patient Transportation	54,254	0	54,254
194.02	Guest and Free Meals	0	45,336	45,336
194.03		0	0	0
	SUBTOTAL	\$ 97,745	\$ 45,336	\$ 143,081
200	TOTAL	\$ 55,935,042	\$ (38,732)	\$ 55,896,310

(To Schedule 8)

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1548328750		22
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
1							Adult Subacute costs and statistics reported in the cost report on Skilled Nursing Facility, line 44 have been reclassified to Subacute Care Unit, line 46. This is done in accordance with CMS Pub. 15-2, Section 3610.					

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1548328750		22
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
RECLASSIFICATIONS OF REPORTED COSTS												
2	10A	A			10.00	7	Dietary		\$699,627	\$207,336	\$906,963	
	10A	A			194.02	7	Guest and Free Meals		0	45,336	45,336	
	10A	A			11.00	7	Cafeteria		773,498	(252,672)	520,826	
To reclassify the reported reclassification of food services costs among the dietary, cafeteria, and nonreimbursable cost centers based on meal counts for proper cost allocation. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2302.4B, 2304, and 2306												
3	10A	A			1.00	7	Capital Related Costs - Buildings and Fixtures		\$239,454	\$301,749	\$541,203	
	10A	A			2.00	7	Capital Related Costs - Movable Equipment		1,075,207	51,472	1,126,679	
	10A	A			5.00	7	Administrative and General		9,361,793	(353,221)	9,008,572	
To reclassify property taxes to the appropriate cost centers. 42 CFR 413.15, 413.20, and 413.24 CMS Pub. 15-1, Sections 2300, 2304, 2306, 2307, 2338B, and 2806												

Provider Name			Fiscal Period				Provider NPI		Adjustments	
PACIFICA HOSPITAL OF THE VALLEY			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1548328750		22	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED COSTS</u>										
4	10A	A		46.00	7	Subacute Care Unit To eliminate the costs of alternating pressure mattresses and air support beds not included in the routine rate. 42 CFR 413.20, 413.24, and 413.50 / CMS Pub. 15-1, Section 2104.4 CCR, Title 22, Sections 51511(c) and 51511.5	\$7,191,805	(\$38,732)	\$7,153,073	

Provider Name			Fiscal Period				Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1548328750		22
Report References							As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report							
		Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments		
ADJUSTMENTS TO REPORTED STATISTICS									
5	9	B-1		10.00	1,2,7,9	Dietary (Square Feet)	3,665	1,109	4,774
	9	B-1		11.00	1,2,7,9	Cafeteria	3,462	(1,584)	1,878
	9	B-1		194.02	1,2,7,9	Guest and Free Meals	0	475	475
To adjust the allocation statistics for capital related, operation of plant, and housekeeping costs to agree with provider's square footage summary report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306									
6	9	B-1		13.00	11	Nursing Administration (Full Time Equivalents)	949	(140)	809
	9	B-1		14.00	11	Central Services and Supply	249	(37)	212
	9	B-1		15.00	11	Pharmacy	1,280	(9)	1,271
	9	B-1		16.00	11	Medical Records and Library	1,027	(167)	860
	9	B-1		17.00	11	Social Service	102	(17)	85
	9	B-1		30.00	11	Adults and Pediatrics	12,527	(1,727)	10,800
	9	B-1		32.00	11	Coronary Care Unit	2,076	(329)	1,747
	9	B-1		43.00	11	Nursery	491	(85)	406
	9	B-1		46.00	11	Subacute Care Unit	9,884	(1,593)	8,291
	9	B-1		50.00	11	Operating Room	745	(117)	628
	9	B-1		52.00	11	Delivery Room and Labor Room	916	(125)	791
	9	B-1		54.00	11	Radiology - Diagnostic	850	(76)	774
	9	B-1		54.01	11	Ultrasound	60	(6)	54
	9	B-1		57.00	11	Computed Tomography (CT) Scan	142	(25)	117
	9	B-1		60.00	11	Laboratory	1,764	(153)	1,611
	9	B-1		60.01	11	Vascular Laboratory	10	(6)	4
	9	B-1		65.00	11	Respiratory Therapy	1,456	(234)	1,222
	9	B-1		66.00	11	Physical Therapy	421	(60)	361
	9	B-1		67.00	11	Occupational Therapy	204	(36)	168
	9	B-1		68.00	11	Speech Pathology	102	(17)	85
	9	B-1		69.00	11	Electrocardiology	110	(12)	98
	9	B-1		76.00	11	Endoscopy	80	(80)	0

-Continued on next page-

Provider Name			Fiscal Period				Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1548328750		22
Report References							As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report			Explanation of Audit Adjustments				
		Work Sheet	Part	Title		Line	Col.		
ADJUSTMENTS TO REPORTED STATISTICS									
-Continued from previous page-									
6	9	B-1		91.00	11	Emergency	2,055	(394)	1,661
	9	B-1		194.00	11	Marketing	100	(12)	88
	9	B-1		194.01	11	Patient Transportation	110	(12)	98
	9	B-1		11.00	11	Total - Full Time Equivalents	37,714	(5,469)	32,245
To adjust the allocation statistics for cafeteria costs to agree with the full time equivalents converted from the provider's productive hours detail report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306									
7	9	B-1		30.00	13	Adults and Pediatrics (Direct Nursing Hours)	211,941	1,766	213,707
	9	B-1		32.00	13	Coronary Care Unit	27,686	8,647	36,333
	9	B-1		194.01	13	Patient Transportation	0	2,046	2,046
	9	B-1		13.00	13	Total - Direct Nursing Hours	474,156	12,459	486,615
To adjust the allocation statistics for nursing administration costs to agree with provider's labor distribution summary report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306									
8	9	B-1		15.00	14	Pharmacy (Costed Requisitions)	0	69,371	69,371
	9	B-1		16.00	14	Medical Records and Library	0	10,766	10,766
	9	B-1		17.00	14	Social Service	0	1,147	1,147
	9	B-1		30.00	14	Adults and Pediatrics	0	229,645	229,645
	9	B-1		32.00	14	Coronary Care Unit	0	28,226	28,226
	9	B-1		43.00	14	Nursery	0	34,341	34,341
	9	B-1		46.00	14	Subacute Care Unit	0	309,101	309,101
	9	B-1		50.00	14	Operating Room	0	98,960	98,960
	9	B-1		52.00	14	Delivery Room and Labor Room	0	17,999	17,999
	9	B-1		54.00	14	Radiology - Diagnostic	0	62,603	62,603
	9	B-1		60.00	14	Laboratory	0	889,365	889,365
-Continued on next page-									

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1548328750		22
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED STATISTICS												
-Continued from previous page-												
8	9	B-1			65.00	14	Respiratory Therapy		0	14,712	14,712	
	9	B-1			66.00	14	Physical Therapy		0	2,427	2,427	
	9	B-1			67.00	14	Occupational Therapy		0	446	446	
	9	B-1			69.00	14	Electrocardiology		0	4,961	4,961	
	9	B-1			76.00	14	Endoscopy		0	18,530	18,530	
	9	B-1			91.00	14	Emergency Room		0	72,270	72,270	
	9	B-1			194.00	14	Marketing		0	6,926	6,926	
	9	B-1			14.00	14	Total - Costed Requisitions		1,163,724	1,871,796	3,035,520	
To adjust the allocation statistics for central services and supply costs to agree with provider's general ledger incorporated with proposed reclassifications of chargeable medical supplies and implants. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1548328750		22
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED PATIENT DAYS												
9	Contract 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days) - Total To include observation bed days for proper cost determination. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205.2, 2300, and 2304 CMS Pub. 15-2, Section 3622.1	22,968	146	23,114		
10	Adult Subacute 1	Not Reported					Total Subacute Days (Inpatient Days) To adjust total subacute patient days to agree with provider's patient census report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	0	24,028	24,028		
11	Adult Subacute 1	Not Reported					Total Subacute Days - Ventilator	0	4,557	4,557		
	Adult Subacute 1	Not Reported					Total Subacute Days - Nonventilator To reflect total subacute ventilator and nonventilator patient days in the audit report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2300 and 2304	0	19,471	19,471		

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1548328750		22
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT												
12	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	1,968	122	2,090		
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	789	9	798		
	Contract 4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	416	33	449		
13	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$331,893	\$9,108	\$341,001		
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	282,513	9,413	291,926		
	Contract 6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	39,664	948	40,612		
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	111,026	45,051	156,077		
	Contract 6	D-3		XIX	54.01	2	Medi-Cal Ancillary Charges - Ultrasound	139,378	7,660	147,038		
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	12,700	3,137	15,837		
	Contract 6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	211,245	23,069	234,314		
	Contract 6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - MRI	12,499	1	12,500		
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	1,152,154	151,922	1,304,076		
	Contract 6	D-3		XIX	60.02	2	Medi-Cal Ancillary Charges - Pulmonary Function Testing	101,875	5,181	107,056		
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	664,443	57,412	721,855		
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	14,564	5,522	20,086		
	Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	1,295	2,496	3,791		
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	159,515	17,559	177,074		
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,398,343	112,953	1,511,296		
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	988,240	535,707	1,523,947		
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	75,895	6,013	81,908		
	Contract 6	D-3		XIX	76.00	2	Medi-Cal Ancillary Charges - Endoscopy	9,045	3,466	12,511		
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	934,062	134,774	1,068,836		
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	6,667,774	1,131,392	7,799,166		
14	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$5,591,350	\$341,850	\$5,933,200		
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	6,667,774	1,131,392	7,799,166		

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1548328750		22
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT												
-Continued from previous page-												
15	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	\$49,211	(\$42,094)	\$7,117		
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	5,809	44,151	49,960		
<p style="text-align: center;">To adjust Medi-Cal settlement data to agree with the following fiscal intermediary payment data: Service Period: January 1, 2012 through December 31, 2012 Payment Period: January 1, 2012 through November 30, 2013 Report Date: December 5, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>												

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1548328750		22
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - ADULT SUBACUTE												
16	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Radiology - Diagnostic	\$0	\$85,201	\$85,201		
	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Laboratory	0	521,026	521,026		
	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Respiratory Therapy	0	13,208,289	13,208,289		
	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Physical Therapy	0	1,037,771	1,037,771		
	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Occupational Therapy	0	436,173	436,173		
	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Speech Pathology	0	231,396	231,396		
	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Medical Supplies Charged to Patients	0	2,814,394	2,814,394		
	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Drugs Charged to Patients	0	26,357	26,357		
	Adult Subacute 4	Not Reported					Subacute Ancillary Charges - Total	0	18,360,607	18,360,607		
							To adjust reported Medi-Cal subacute ancillary charges to total subacute ancillary charges. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Section 2304 CCR, Title 22, Section 51511.5(d)					
17	Adult Subacute 1	Not Reported					Ventilator Equipment Costs - Adult Subacute Care Unit	\$0	\$87,462	\$87,462		
							To include ventilator equipment costs on Adult Subacute Schedule 1. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304					
18	Adult Subacute 1	Not Reported					Medi-Cal Adult Subacute Days - Ventilator	0	3,910	3,910		
	Adult Subacute 1	Not Reported					Medi-Cal Adult Subacute Days - Nonventilator	0	18,808	18,808		
	Adult Subacute 1	Not Reported					Total Medi-Cal Subacute Patient Days	0	22,718	22,718		
							To reflect Medi-Cal patient days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2012 through December 31, 2012 Payment Period: January 1, 2012 through November 30, 2013 Report Date: December 5, 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, Section 51541					

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFICA HOSPITAL OF THE VALLEY							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1548328750		22
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO OTHER MATTERS												
19	Contract 1	Not Reported					Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$2,405	\$2,405		
20	Contract 1	Not Reported					Medi-Cal Overpayments To recover Medi-Cal overpayments because 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, 51458.1, and 51510	\$0	\$2,564	\$2,564		
21	Adult Subacute 1	S-3	I		19.00	2	Contracted Number of Adult Subacute Beds To reflect the contracted number of Adult Subacute beds. 42 CFR 413.20 CMS Pub. 15-1, Section 2304	98	(9)	89		
22	Adult Subacute 1	Not Reported					Medi-Cal Overpayments To recover Medi-Cal overpayments because 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, 51458.1, and 51510	\$0	\$4,443	\$4,443		