

**REPORT
ON THE
COST REPORT REVIEW**

**HEART HOSPITAL OF BAKERSFIELD
BAKERSFIELD, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1609856947**

**FISCAL PERIOD ENDED
SEPTEMBER 30, 2010**

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

**Section Chief: Michael Harrold
Audit Supervisor: Linda King
Auditor: Adrian Peña**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

December 12, 2013

Martin Soy, CFO
Heart Hospital of Bakersfield
3001 Sillect Avenue
Bakersfield, CA 93308

HEART HOSPITAL OF BAKERSFIELD
NATIONAL PROVIDER IDENTIFIER (NPI) 1609856947
FISCAL PERIOD ENDED SEPTEMBER 30, 2010

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 provider in the amount of \$35,097 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. 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.

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.

Martin Soy
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If you disagree with the decision of the Department, you may appeal by writing to:

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

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

Original Signed by

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

Certified

SUMMARY OF FINDINGS

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1609856947	Reported	\$ 107,328	
	Net Change	\$ (72,231)	
	Audited Amount Due Provider (State)	\$ 35,097	
	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:			
Reported		\$ 0	
Net Change		\$ 0	
Audited Cost		\$ 0	
Audited Amount Due Provider (State)	\$ 0		
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:			
Reported		\$ 0.00	
Net Change		\$ 0.00	
Audited Cost Per Day		\$ 0.00	
Audited Amount Due Provider (State)	\$ 0		
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:			
Reported		\$ 0.00	
Net Change		\$ 0.00	
Audited Cost Per Day		\$ 0.00	
Audited Amount Due Provider (State)	\$ 0		
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:			
Reported		\$ 0.00	
Net Change		\$ 0.00	
Audited Cost Per Day		\$ 0.00	
Audited Amount Due Provider (State)	\$ 0		
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ 35,097	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

		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)		\$ 35,097	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

Provider NPI:
1609856947

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 1,918,579	\$ 2,377,496
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4. \$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 1,918,579	\$ 2,377,496
6. Interim Payments (Adj 33)	\$ (1,811,251)	\$ (2,313,102)
7. Balance Due Provider (State)	\$ 107,328	\$ 64,394
8. Medi-Cal Credit Balances (Adj 35)	\$ 0	\$ (2,693)
9. Total Noncontract AB 5 and AB 1183 Reductions (Adj 1)	\$ 0	\$ (26,604)
10. \$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 107,328	\$ 35,097
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONS

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

Provider NPI No.
1609856947

1.	10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2.	Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3.	10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3)	<u>26,604</u>
4.	10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	<u>0</u>
5.	10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>0</u>
6.	10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	<u>0</u>
7.	Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>26,604</u></u> (To Schedule 1, Line 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM APRIL 6, 2009 THROUGH April 12, 2011 - NONCONTRACT HOSPITALS

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

Provider No.
1609856947

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>2,661,605</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u>0</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions(Line 1 - Lines 2 and 3)	\$ <u><u>2,661,605</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u>1,080.50</u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>2,463.31</u></u>

AB 5 - 10 % Cost Reduction For Services From 04/06/09 Through 04/12/11

7. * Audited Medi-Cal Days of Service from 04/06/09 Through 04/12/11(excludes Administrative Days)	<u>108</u>
8. Audited Medi-Cal Cost For 04/06/09 Through 04/12/11(Line 6 * Line 7)	\$ <u>266,037</u>
9. AB 5 - 10% Cost Reduction for 04/06/09 Through 04/12/11 (Line 8 * 10%)	\$ <u><u>26,604</u></u> (To Schedule A, Line 3)

* AB 5 reduction period applicable is from 10/1/09 through 11/17/09 due to injuntion.

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
HEART HOSPITAL OF BAKERSFIELDFiscal Period Ended:
SEPTEMBER 30, 2010Provider NPI:
1609856947

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$	<u>2,286,922</u>	\$	<u>2,661,605</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 32)	\$	<u>2,917,218</u>	\$	<u>3,580,728</u>
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3. Inpatient Ancillary Service Charges (Adj 32)	\$	<u>8,303,079</u>	\$	<u>9,710,731</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$	<u>11,220,297</u>	\$	<u>13,291,459</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$	<u>8,933,375</u>	\$	<u>10,629,854</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$	<u>0</u>	\$	<u>0</u>
		(To Schedule 1)		

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
HEART HOSPITAL OF BAKERSFIELDFiscal Period Ended:
SEPTEMBER 30, 2010Provider NPI:
1609856947

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 1,312,561	\$ 1,512,742
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 974,361	\$ 1,148,863
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4. \$ \$	0	0
5. \$ \$	0	0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 2,286,922	\$ 2,661,605
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 2,286,922	\$ 2,661,605 (To Schedule 2)
9. Deductibles (Adj 33)	\$ (6,346)	\$ (7,664)
10. Coinsurance (Adj 33)	\$ (361,997)	\$ (276,445)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 1,918,579	\$ 2,377,496 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
HEART HOSPITAL OF BAKERSFIELDFiscal Period Ended:
SEPTEMBER 30, 2010Provider NPI:
1609856947

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	16,444	16,444
2. Inpatient Days (include private, exclude swing-bed)	16,444	16,444
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	16,444	16,444
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 30, 34)	874	1,080.50

INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)
2. Inpatient Days (include private, exclude swing-bed)
3. Private Room Days (exclude swing-bed private room) (Adj)
4. Semi-Private Room Days (exclude swing-bed) (Adj)
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)
9. Medi-Cal Days (excluding swing-bed) (Adj 30, 34)

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 25, Col 27)	\$ 18,332,303	\$ 17,484,437
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)	\$ 18,332,303	\$ 17,484,437

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 50,268,764	\$ 50,268,764
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 50,268,764	\$ 50,268,764
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.364686	\$ 0.347819
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)	\$ 3,056.97	\$ 3,056.97
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)	\$ 18,332,303	\$ 17,484,437

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,114.83	\$ 1,063.27
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 974,361	\$ 1,148,863
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)	\$ 974,361	\$ 1,148,863

(To Schedule 3)

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINISTRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	32,438	0	0	0	0	0	0	0	0	2,355,629	462,064
38.00	Recovery Room	0	1,108	0	0	0	0	0	0	0	0	41,202	8,082
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	56,560	0	0	0	0	0	0	0	0	2,721,363	533,804
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	0	33,811	0	0	0	0	0	0	0	0	2,647,504	519,316
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	27,466	0	0	0	0	0	0	0	0	1,031,176	202,269
50.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	115,665	22,688
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	8,175	1,604
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	47,040	9,227
53.00	Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	9,040,324	1,773,289
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,953,456	579,330
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	223,257	43,793
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiology	0	77,396	0	0	0	0	0	0	0	0	3,599,416	706,037
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	93,989	0	0	0	0	0	0	0	0	3,578,551	701,944
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Non Emergency Transport	0	0	0	0	0	0	0	0	0	0	76,660	15,037
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
97.01	Marketing	0	5,133	0	0	0	0	0	0	0	0	574,047	112,601
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	16	3
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01		0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	801,253	0	57,507,176	9,430,413							

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	374,561	17,395	125,717	0	37,651	0	0	5,658	0	52,199	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	2,793	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	187,441	17,395	62,912	0	77,315	0	0	2,440	0	160,166	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	47,122	0	15,816	0	55,818	0	0	23,913	0	188,032	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	43,061	0	14,453	0	46,611	0	0	1,381	0	30,469	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	1,068	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	81	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	1,279	0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	326,612	0	130,457	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	1,166,847	83,566	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	3,244	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiology	0	516,288	52,186	173,285	21,775	115,829	0	0	4,766	0	289,857	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	199,865	52,186	67,082	21,842	157,878	0	0	4,606	0	88,804	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.00 Non Emergency Transport	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
97.01 Marketing	0	0	0	0	0	9,248	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	239,204	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	2,842,457	347,903	932,888	1,566,407	1,068,439	0	0	384,563	1,166,847	1,233,471	0

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST	TOTAL
										STEP-DOWN ADJUSTMENT 26.00	COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	3,430,873		3,430,873
38.00 Recovery Room	0	0	0	0	0	0	0	0	52,076		52,076
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0		0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0		0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	3,762,837		3,762,837
41.01	0	0	0	0	0	0	0	0	0		0
41.02	0	0	0	0	0	0	0	0	0		0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0		0
44.00 Laboratory	0	0	0	0	0	0	0	0	3,497,521		3,497,521
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0		0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	1,369,420		1,369,420
50.00 Physical Therapy	0	0	0	0	0	0	0	0	139,421		139,421
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	9,860		9,860
52.00 Speech Pathology	0	0	0	0	0	0	0	0	57,546		57,546
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0		0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0		0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	11,270,682		11,270,682
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	4,783,199		4,783,199
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	270,293		270,293
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00 Cardiology	0	0	0	0	0	0	0	0	5,479,439		5,479,439
59.01	0	0	0	0	0	0	0	0	0		0
59.02	0	0	0	0	0	0	0	0	0		0
59.03	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	0		0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	0	0	0	4,872,757		4,872,757
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
63.00 Non Emergency Transport	0	0	0	0	0	0	0	0	91,697		91,697
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0		0
97.00 Research	0	0	0	0	0	0	0	0	0		0
97.01 Marketing	0	0	0	0	0	0	0	0	695,896		695,896
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	239,204		239,204
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	19		19
99.02	0	0	0	0	0	0	0	0	0		0
99.03	0	0	0	0	0	0	0	0	0		0
99.04	0	0	0	0	0	0	0	0	0		0
99.05	0	0	0	0	0	0	0	0	0		0
100.00	0	0	0	0	0	0	0	0	0		0
100.01	0	0	0	0	0	0	0	0	0		0
100.02	0	0	0	0	0	0	0	0	0		0
100.03	0	0	0	0	0	0	0	0	0		0
100.04	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	0	0	0	0	0	0	57,507,176	0	57,507,176

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

	EMP BENE (GROSS SALARIES)	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT)							
	5.00 (Adj 24)	6.01 (Adj)	6.02 (Adj)	6.03 (Adj)	6.04 (Adj)	6.05 (Adj)	6.06 (Adj)	6.07 (Adj)	6.08 (Adj)			7.00 (Adj)
ANCILLARY COST CENTERS												
37.00	Operating Room	873,023									2,355,629	
38.00	Recovery Room	29,813									41,202	
39.00	Delivery Room and Labor Room										0	
40.00	Anesthesiology										0	
41.00	Radiology - Diagnostic	1,522,216									2,721,363	
41.01											0	
41.02											0	
42.00	Radiology - Therapeutic										0	
43.00	Radioisotope										0	
44.00	Laboratory	909,956									2,647,504	
44.01	Pathological Lab										0	
46.00	Whole Blood										0	
47.00	Blood Storing and Processing										0	
48.00	Intravenous Therapy										0	
49.00	Respiratory Therapy	739,190									1,031,176	
50.00	Physical Therapy										115,665	
51.00	Occupational Therapy										8,175	
52.00	Speech Pathology										47,040	
53.00	Electrocardiology										0	
54.00	Electroencephalography										0	
55.00	Medical Supplies Charged to Patients										9,040,324	
56.00	Drugs Charged to Patients										2,953,456	
57.00	Renal Dialysis										223,257	
58.00	ASC (Non-Distinct Part)										0	
59.00	Cardiology	2,082,983									3,599,416	
59.01											0	
59.02											0	
59.03											0	
60.00	Clinic										0	
60.01	Other Clinic Services										0	
61.00	Emergency	2,529,555									3,578,551	
62.00	Observation Beds										0	
63.00	Non Emergency Transport										76,660	
82.00											0	
83.00											0	
84.00											0	
85.00											0	
86.00											0	
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen										0	
97.00	Research										0	
97.01	Marketing	138,146									574,047	
98.00	Physicians' Private Office										0	
99.00	Nonpaid Workers										16	
99.02											0	
99.03											0	
99.04											0	
99.05											0	
100.00											0	
100.01											0	
100.02											0	
100.03											0	
100.04											0	
TOTAL	21,564,440	0	0	0	0	0	0	0	0	0	48,076,763	0
COST TO BE ALLOCATED	801,253	0	0	0	0	0	0	0	0	0	9,430,413	0
UNIT COST MULTIPLIER - SCH 8	0.037156	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.196153	0.000000

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

OPER PLANT (SQ FT) (Adj 23)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj 23)	DIETARY (MEALS SERVED) (Adj 25)	CAFETERIA (FTEs) (Adj 26)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj 27)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS REV) (Adj 28)	SOC SERV (TIME SPENT) (Adj)	STAT (Adj)
8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00

GENERAL SERVICE COST CENTERS

- 1.00 Old Cap Rel Costs-Bldg & Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg & Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01 Non-Patient Telephones
- 6.02 Data Processing
- 6.03 Purchasing/Receiving
- 6.04 Patient Admitting
- 6.05 Patient Business Office
- 6.06
- 6.07
- 6.08
- 6.00 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00
- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes
- 23.00 Intern & Res Other Program
- 24.00 Paramedical Ed Program

9.00	156										
10.00	1,411										
11.00	2,246	2,246									
12.00	1,332	1,332	96,899								
14.00											
15.00	675	675		368							
16.00	1,031	1,031					6,539				
17.00	1,128	1,128		753							
25.00	28,685	215,812	28,685	38,267	12,700		413,870		50,268,764		
26.00							0				

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00 Neonatal Intensive Care Unit
- 29.00 Surgical Intensive Care
- 30.00 Subprovider I
- 31.00 Subprovider II
- 32.00
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

	OPER PLANT (SQ FT) 8.00 (Adj 23)	LAUNDRY & LINEN (LB LNDRY) 9.00 (Adj)	HOUSE- KEEPING (SQ FT) 10.00 (Adj 23)	DIETARY (MEALS SERVED) 11.00 (Adj 25)	CAFETERIA (FTEs) 12.00 (Adj 26)	MAINT OF PERSONNEL (# HOUSED) 13.00 (Adj)	NURSING ADMIN (NURSE HR) 14.00 (Adj)	CENT SERV & SUPPLY (CST REQ) 15.00 (Adj 27)	PHARMACY (COSTS REQUIS) 16.00 (Adj)	MED REC (GROSS REV) 17.00 (Adj 28)	SOC SERV (TIME SPENT) 18.00 (Adj)	STAT 19.00 (Adj)	
ANCILLARY COST CENTERS													
37.00	Operating Room	9,316	17,984	9,316				156,604		13,025,066			
38.00	Recovery Room	0		0						696,899			
39.00	Delivery Room and Labor Room												
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	4,662	17,984	4,662		1,881		67,527		39,965,724			
41.01													
41.02													
42.00	Radiology - Therapeutic												
43.00	Radioisotope												
44.00	Laboratory	1,172		1,172		1,358		661,889		46,918,975			
44.01	Pathological Lab												
46.00	Whole Blood												
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	1,071		1,071		1,134		38,219		7,602,907			
50.00	Physical Therapy									266,467			
51.00	Occupational Therapy									20,225			
52.00	Speech Pathology									319,035			
53.00	Electrocardiology												
54.00	Electroencephalography												
55.00	Medical Supplies Charged to Patients							9,040,324		32,552,468			
56.00	Drugs Charged to Patients								100	20,851,946			
57.00	Renal Dialysis									809,349			
58.00	ASC (Non-Distinct Part)												
59.00	Cardiology	12,841	53,953	12,841	2,293	2,818		131,911		72,326,818			
59.01													
59.02													
59.03													
60.00	Clinic												
60.01	Other Clinic Services												
61.00	Emergency	4,971	53,953	4,971	2,300	3,841		127,479		22,158,874			
62.00	Observation Beds												
63.00	Non Emergency Transport												
82.00													
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen												
97.00	Research												
97.01	Marketing					225							
98.00	Physicians' Private Office				25,189								
99.00	Nonpaid Workers												
99.02													
99.03													
99.04													
99.05													
100.00													
100.01													
100.02													
100.03													
100.04													
	TOTAL	70,697	359,686	69,130	164,948	25,994	0	0	10,644,362	100	307,783,517	0	0
	COST TO BE ALLOCATED	2,842,457	347,903	932,888	1,566,407	1,068,439	0	0	384,563	1,166,847	1,233,471	0	0
	UNIT COST MULTIPLIER - SCH 8	40.206189	0.967241	13.494690	9.496366	41.103293	0.000000	0.000000	0.036128	11668.470546	0.004008	0.000000	0.000000

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)

GENERAL SERVICE COST CENTERS

- 1.00 Old Cap Rel Costs-Bldg & Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg & Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01 Non-Patient Telephones
- 6.02 Data Processing
- 6.03 Purchasing/Receiving
- 6.04 Patient Admitting
- 6.05 Patient Business Office
- 6.06
- 6.07
- 6.08
- 6.00 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00
- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes
- 23.00 Intern & Res Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00 Neonatal Intensive Care Unit
- 29.00 Surgical Intensive Care
- 30.00 Subprovider I
- 31.00 Subprovider II
- 32.00
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

TRIAL BALANCE OF EXPENSES

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 1,415,302	\$ (282,259)	\$ 1,133,043
2.00	Old Cap Rel Costs-Movable Equipment	153,402	(10,661)	142,741
3.00	New Cap Rel Costs-Bldg & Fixtures	1,079,093	(22,640)	1,056,453
4.00	New Cap Rel Costs-Movable Equipment	2,090,957	(89,424)	2,001,533
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	801,253	0	801,253
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	10,399,901	(1,583,959)	8,815,942
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	1,942,088	0	1,942,088
9.00	Laundry and Linen Service	278,096	0	278,096
10.00	Housekeeping	664,535	0	664,535
11.00	Dietary	1,097,816	0	1,097,816
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration		0	0
15.00	Central Services & Supply	238,844	0	238,844
16.00	Pharmacy	879,370	0	879,370
17.00	Medical Records and Library	882,759	0	882,759
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	10,776,424	(223,257)	10,553,167
26.00	Intensive Care Unit		0	0
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery		0	0
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
HEART HOSPITAL OF BAKERSFIELD

Fiscal Period Ended:
SEPTEMBER 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 1,805,931	\$ 68,666	\$ 1,874,597
38.00	Recovery Room	40,094	0	40,094
39.00	Delivery Room and Labor Room		0	0
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	2,632,924	(192,610)	2,440,314
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	2,776,686	(219,428)	2,557,258
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	952,139	0	952,139
50.00	Physical Therapy	115,665	0	115,665
51.00	Occupational Therapy	8,175	0	8,175
52.00	Speech Pathology	47,040	0	47,040
53.00	Electrocardiology		0	0
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	9,040,324	0	9,040,324
56.00	Drugs Charged to Patients	2,953,456	0	2,953,456
57.00	Renal Dialysis		223,257	223,257
58.00	ASC (Non-Distinct Part)		0	0
59.00	Cardiology	2,914,383	(10,695)	2,903,688
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency	3,281,854	(36,660)	3,245,194
62.00	Observation Beds		0	0
63.00	Non Emergency Transport	76,660	0	76,660
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 59,345,171	\$ (2,379,670)	\$ 56,965,501
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
97.01	Marketing	541,659	0	541,659
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers	16	0	16
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00			0	0
100.01			0	0
100.02			0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 541,675	\$ 0	\$ 541,675
101	TOTAL	\$ 59,886,846	\$ (2,379,670)	\$ 57,507,176

(To Schedule 8)

Provider Name							Fiscal Period		Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1609856947		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.					
<u>MEMORANDUM ADJUSTMENT</u>											
1	1	N/A					Total Noncontract AB 5 and AB 1183 Reductions The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5 and AB 1183. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W & I Code, Sections 14105.19 and 14166.245	\$0	\$26,604	\$26,604	

Provider Name							Fiscal Period		Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1609856947		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.					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
2	10A	A			37.00	7	Operating Room	\$1,805,931	\$36,660	\$1,842,591 *	
	10A	A			61.00	7	Emergency	3,281,854	(36,660)	3,245,194	
							To reclassify the provider's adjustment of physician compensation costs to the proper cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
3	10A	A			57.00	7	Renal Dialysis	\$0	\$223,257	\$223,257	
	10A	A			25.00	7	Adults and Pediatrics	10,776,424	(223,257)	10,553,167	
							To reclassify dialysis treatment costs to the Renal Dialysis cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2118, 2300 and 2304 CMS Pub. 15-2, Section 3610				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010	1609856947		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.				
ADJUSTMENTS TO REPORTED COSTS										
4	10A	A			1.00	7	Old Cap Rel Costs - Bldg & Fixt To adjust componetized depreciation expense to agree with the provider's records and the audited amounts allowed. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$1,415,302	(\$240,794)	\$1,174,508 *
	10A	A			4.00	7	New Cap Rel Costs - Mvble Equip To adjust for a change in useful life to agree with the AHA guidelines. 42 CFR 413.20 and 413.134(b)(7) CMS Pub. 15-1, Sections 104.17 and 104.18	\$2,090,957		
5							To adjust for a change in useful life to agree with the AHA guidelines. 42 CFR 413.20 and 413.134(b)(7) CMS Pub. 15-1, Sections 104.17 and 104.18		(\$21,851)	
6							To adjust for a change in useful life to agree with the AHA guidelines. 42 CFR 413.20 and 413.134(b)(7) CMS Pub. 15-1, Sections 104.17 and 104.18		<u>(65,283)</u> (\$87,134)	\$2,003,823 *
7	10A	A			1.00	7	Old Cap Rel Costs - Bldg & Fixt	* \$1,174,508	(\$41,465)	\$1,133,043
	10A	A			2.00	7	Old Cap Rel Costs - Mvble Equip	153,402	(10,661)	142,741
	10A	A			3.00	7	New Cap Rel Costs - Bldg & Fixt	1,079,093	(22,640)	1,056,453
	10A	A			4.00	7	New Cap Rel Costs - Mvble Equip	* 2,003,823	(2,290)	2,001,533
	10A	A			6.00	7	Administrative and General To eliminate intercompany interest that is not allowable. 42 CFR 413.9(c)(3), 413.20, 413.24, and 413.153 CMS Pub. 15-1, Sections 202.2, 218.1, 2300 and 2304	10,399,901	(14,769)	10,385,132 *
8	10A	A			6.00	7	Administrative and General To adjust executive management compensation based on Federal guidelines. 42 CFR 413.102 CMS Pub. 15-1, Sections 902.3, 904, 905.5, 2100, 2102.3 and 2103	* \$10,385,132	(\$686,958)	\$9,698,174 *

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1609856947		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.					
ADJUSTMENTS TO REPORTED COSTS											
	10A	A			6.00	7	Administrative and General	*	\$9,698,174		
9							To eliminate rental expense that is related to unused space for the Heart Clinic. 42 CFR 413.9, 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300 and 2304			(\$85,137)	
10							To eliminate meals and entertainment costs that are not allowable, not related to patient care and not prudent. 42 CFR 413.9(c)(3), 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.1, 2103, 2105.2 and 2105.8			(36,994)	
11							To eliminate allocated CBO home office costs duplicated by the home office cost adjustment. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(591,895)	
12							To eliminate legal fees related to a class action lawsuit that is not related to patient care. 42 CFR 413.9(c)(3) and 413.20 CMS Pub. 15-1, Sections 2102.3, 2105.1 and 2183			(73,554)	
13							To eliminate legal fees due to lack of documentation. 42 CFR 413.20, 413.24 and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W & I Code 14124.2(b)			(35,760)	
14							To eliminate advertising costs not related to patient care. 42 CFR 413.9(b)(2) CMS Pub. 15-1, Sections 2102.3 and 2136.2			(22,439)	
15							To eliminate fines or penalties that are not allowable costs. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Section 2105.10			(13,170) (\$858,949)	
										\$8,839,225 *	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1609856947		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.					
ADJUSTMENTS TO REPORTED COSTS											
16	10A	A			6.00	7	Administrative and General To eliminate purchased services expense due to lack of documentation. 42 CFR 413.20, 413.24 and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W & I Code 14124.2(b)	*	\$8,839,225	(\$23,283)	\$8,815,942
17	10A	A			59.00	7	Cardiology To eliminate physician compensation costs for services directly billed under the physician provider number. 42 CFR 413.5 and 413.9 CMS Pub. 15-1, Section 2182.3C		\$2,914,383	(\$10,695)	\$2,903,688
18	10A	A			37.00	7	Operating Room To reverse the provider's adjustment of physician compensation costs to agree with the general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$1,842,591	\$32,006	\$1,874,597
19	10A	A			41.00	7	Radiology - Diagnostic To eliminate physician revenue guarantee amortization cost that is not a reimbursable cost. 42 CFR 413.5 and 413.9 CMS Pub. 15-1, Sections 2109.2E, 2109.4C, 2182 and 2304		\$2,632,924	(\$192,610)	\$2,440,314

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1609856947		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.					
ADJUSTMENTS TO REPORTED COSTS											
		A			44.00	7	Laboratory	\$2,776,686			
20							To eliminate physician compensation in excess of the reasonable compensation equivalents.		(\$21,346)		
10A							42 CFR 413.5, 413.9 and 415.70 CMS Pub. 15-1, Section 2182.6C				
21							To eliminate physician compensation costs for services directly billed under the physician provider number.		(198,082)		
							42 CFR 413.5 and 413.9 CMS Pub. 15-1, Section 2182.3C		(\$219,428)	\$2,557,258	

Provider Name							Fiscal Period			Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010			1609856947		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.						
ADJUSTMENTS TO REPORTED STATISTICS												
22	9	B-1		6.00	1-4	Administrative and General (Square Feet)	12,595	(2,876)	9,719			
	9	B-1		59.00	1-4	Cardiology	10,444	2,397	12,841			
	9	B-1		97.01	1-4	Marketing	87	479	566			
To adjust square footage statistics to agree with the provider's records. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												
23	9	B-1		9.00	8	Laundry and Linen Service (Square Feet)	0	156	156			
	9	B-1		10.00	8	Housekeeping	906	505	1,411			
	9	B-1		11.00	8, 10	Dietary	4,450	(2,204)	2,246			
	9	B-1		12.00	8, 10	Cafeteria	0	1,332	1,332			
	9	B-1		15.00	8, 10	Central Services and Supply	0	675	675			
	9	B-1		16.00	8, 10	Pharmacy	738	293	1,031			
	9	B-1		17.00	8, 10	Medical Records and Library	2,363	(1,235)	1,128			
	9	B-1		25.00	8, 10	Adults and Pediatrics	25,517	3,168	28,685			
	9	B-1		37.00	8, 10	Operating Room	9,971	(655)	9,316			
	9	B-1		38.00	8, 10	Recovery Room	2,143	(2,143)	0			
	9	B-1		41.00	8, 10	Radiology - Diagnostic	5,598	(936)	4,662			
	9	B-1		44.00	8, 10	Laboratory	1,406	(234)	1,172			
	9	B-1		49.00	8, 10	Respiratory Therapy	942	129	1,071			
	9	B-1		59.00	8, 10	Cardiology	14,487	(1,646)	12,841			
	9	B-1		61.00	8, 10	Emergency	4,588	383	4,971			
	9	B-1		101.00	8	Total Statistic - Operation of Plant	73,109	(2,412)	70,697			
	9	B-1		101.00	10	Total Statistic - Housekeeping	72,203	(3,073)	69,130			
To adjust square footage statistics to agree with the provider's records. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												
24	9	B-1		6.00	5	Administration (Gross Salaries)	4,080,217	(138,146)	3,942,071			
	9	B-1		97.01	5	Marketing	0	138,146	138,146			
To incorporate the provider's reclassification of marketing salaries into the gross salaries statistics to agree with the provider's records. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2102.3, 2304, 2306 and 2328												

Provider Name							Fiscal Period			Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010			1609856947		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.						
ADJUSTMENTS TO REPORTED STATISTICS												
25	9	B-1			12.00	11	Cafeteria (Meals Served)	61,952	34,947	96,899		
	9	B-1			25.00	11	Adults and Pediatrics	38,266	1	38,267		
	9	B-1			98.00	11	Physicians Private Offices	15,396	9,793	25,189		
	9	B-1			11.00	11	Total - Meals Served Statistics	120,207	44,741	164,948		
							To adjust meals served statistics to agree with the provider's statistics work papers. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306					
26	9	B-1			97.01	12	Marketing (FTEs)	0	225	225		
	9	B-1			12.00	12	Total - FTE Statistic	25,769	225	25,994		
							To include Marketing and Concierge FTE statistics to agree with the provider's payroll records. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2328 OSHPD Manual, Section 5020					
27	9	B-1			16.00	15	Pharmacy (Costed Requisitions)	0	6,539	6,539		
	9	B-1			25.00	15	Adults and Pediatrics	148,819	265,051	413,870		
	9	B-1			26.00	15	Intensive Care Unit	24	(24)	0		
	9	B-1			37.00	15	Operating Room	1,656,892	(1,500,288)	156,604		
	9	B-1			41.00	15	Radiology - Diagnostic	164,085	(96,558)	67,527		
	9	B-1			44.00	15	Laboratory	83	661,806	661,889		
	9	B-1			49.00	15	Respiratory Therapy	133,092	(94,873)	38,219		
	9	B-1			55.00	15	Medical Supplies Charged to Patients	0	9,040,324	9,040,324		
	9	B-1			59.00	15	Cardiology	6,811,293	(6,679,382)	131,911		
	9	B-1			61.00	15	Emergency	126,342	1,137	127,479		
	9	B-1			15.00	15	Total Statistic - Costed Requisitions	9,040,630	1,603,732	10,644,362		
							To adjust costed requisition statistics to agree with the provider's general ledger and worksheet A-6 cost reclassifications. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2328					

Provider Name							Fiscal Period			Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010			1609856947		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.						
<u>ADJUSTMENTS TO REPORTED STATISTICS</u>												
28	9	B-1			57.00	17	Renal Dialysis (Gross Revenue)	0	809,349	809,349		
	9	B-1			17.00	17	Total Statistic - Gross Revenue	306,974,168	809,349	307,783,517		
							To include renal dialysis revenue statistic to agree with the provider's records for proper cost determination. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304 and 2306					

Provider Name							Fiscal Period		Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1609856947		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.					
<u>ADJUSTMENTS TO REPORTED TOTAL CHARGES</u>											
29	5	C			57.00	7	Renal Dialysis To adjust total charges to agree with the provider's records. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2206, 2300 and 2304	\$0	\$809,349	\$809,349	

Provider Name							Fiscal Period	Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010	1609856947		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.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
30	4	D-1	I	XIX	9.00	1	Medi-Cal Inpatient Days - Adults and Pediatrics	874	229	1,103 *
31	6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$775,075	\$100,459	\$875,534
	6	D-4		XIX	38.00	2	Medi-Cal Ancillary Charges - Recovery Room	2,654	4,012	6,666
	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	988,336	351,373	1,339,709
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	1,919,137	353,476	2,272,613
	6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	360,498	84,595	445,093
	6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	9,389	13,284	22,673
	6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	319	241	560
	6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	0	11,575	11,575
	6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	744,803	82,317	827,120
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	1,027,455	369,153	1,396,608
	6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	0	96,664	96,664
	6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiology	2,043,351	(110,535)	1,932,816
	6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	432,062	51,038	483,100
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	8,303,079	1,407,652	9,710,731
32	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Charges - Total	\$2,917,218	\$663,510	\$3,580,728
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Charges - Total	8,303,079	1,407,652	9,710,731
33	3	E-3	III	XIX	33.00	1	Deductibles	\$6,346	\$1,318	\$7,664
	3	E-3	III	XIX	36.00	1	Coinsurance	361,997	(85,552)	276,445
	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	1,811,251	501,851	2,313,102
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data:</p> <p>Service Period: 10/01/09 through 09/30/10 Payment Period: 10/01/09 through 7/31/13 Report Date: 08/06/13 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</p>										

Provider Name							Fiscal Period			Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010			1609856947		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.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT												
34	4	D-1	I	XIX	9.00	1	Medi-Cal Inpatient Days - Adults and Pediatrics To adjust Medi-Cal Routine days to incorporate the late billing penalties for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through 12th month (RAD Code 476) after the month of service, respectively. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51458.1 W & I Code, Section 14115	*	1,103.00	(22.50)	1,080.50	

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Provider Name							Fiscal Period			Provider NPI		Adjustments
HEART HOSPITAL OF BAKERSFIELD							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010			1609856947		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.						
<u>ADJUSTMENT TO OTHER MATTERS</u>												
35	1	N/A					Medi-Cal Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2304 and 2409 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$2,693	\$2,693		