

**REPORT ON THE
COST REPORT REVIEW**

**KAISER FOUNDATION HOSPITALS—
WOODLAND HILLS
WOODLAND HILLS, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1295880912**

**FISCAL PERIOD ENDED
DECEMBER 31, 2010**

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

**Section Chief: Patricia M. Fox
Audit Supervisor: Woosung Lee
Auditor: Jeff Cates**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 28, 2014

RoseMary Lee, MHA
Finance Director, Hospital Reimbursement
National Medicare & Medicaid Finance
Kaiser Foundation Health Plan, and Hospitals
Walnut Center
393 East Walnut Street
Pasadena, CA 91188

KAISER FOUNDATION HOSPITALS—WOODLAND HILLS
NATIONAL PROVIDER IDENTIFIER (NPI) 1295880912
FISCAL PERIOD ENDED DECEMBER 31, 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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited settlement for the fiscal period due the State in the amount of \$144,082 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(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)

Administrator
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of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—San Diego at (619) 688-3200.

Originally signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) NPI: 1295880912	Reported	\$ 66,235	
	Net Change	\$ (210,318)	
	Audited Amount Due Provider (State)	\$ (144,082)	
2. Subprovider I (SCHEDULE 1-1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) NPI:	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) 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) 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) 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)		\$ (144,082)	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) 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) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) 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)		\$ (144,082)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 312,629	\$ 282,480
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4. AB 5 Reduction (Schedule A) (Adj 1)	\$ 0	\$ (28,515)
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 312,629	\$ 253,965
6. Interim Payments (Adj 8)	\$ (246,394)	\$ (398,047)
7. Balance Due Provider (State)	\$ 66,235	\$ (144,082)
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 66,235	\$ (144,082)
	(To Summary of Findings)	

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

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

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>28,515</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 02/24/10 (SCHEDULE A-6)		<u>0</u>
7.	Total Noncontract AB 5 AND AB 1183 Reductions	\$	<u><u>28,515</u></u> (To Schedule 1, Line 4)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008 - NONCONTRACT HOSPITALS

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	_____
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u> 0</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	_____
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u> 0.00</u>

AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 09/30/08

7. Audited Medi-Cal Days of Service from 07/1/08 through 09/30/08 (excludes Administrative Days)	_____ N/A
8. Audited Medi-Cal Cost For 07/01/08 Through 9/30/08 (Line 6 * Line 7)	\$ <u> 0</u>
9. AB 5 - 10% Cost Reduction for 07/01/08 Through 09/30/08 (Line 8 * 10%)	\$ <u> 0</u> (To Schedule A, Line 1)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 1183 REDUCTION TO SERVICES FROM OCTOBER 1, 2008 THROUGH APRIL 5, 2009 - NONCONTRACT HOSPITALS

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Medi-Cal Nursery Average Per Diem Cost (Schedule 4A, Line 3)	_____
3. Medi-Cal Nursery Days (Code 171)	_____
4. Less: Medi-Cal Nursery Cost (Line 2 * Line 3)	<u>0</u>
5. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
6. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	_____
7. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 4, 5 and 6)	\$ <u>0</u>
8. Total Audited Medi-Cal Days (Schs 4, 4A and 4B, excludes Administrative Days and Nursery Code 171)	_____
9. Audited Medi-Cal Cost Per Day (Line 7 / Line 8)	\$ <u>0.00</u>

Audited Cost For Services From 10/01/08 Through 04/05/09

10. Audited Medi-Cal Days of Service from 10/01/08 Through 04/05/09 (excludes Administrative Days and Nursery Days Code 171)	N/A
11. Audited Medi-Cal Cost For 10/01/08 Through 04/05/09 (Line 9 * Line 10)	\$ <u>0</u>
12. Audited Medi-Cal Cost For 10/01/08 Through 04/05/09 with 10% Reduction (Line 11 * 90%)	\$ <u>0</u>

Audited Cost For Services From 10/01/08 Through 04/05/09 Using the Regional Average Per Diem Contract Rate

13. Regional Average Per Diem Contract Rate (Reduced Rate to 95%)	_____
14. Audited Medi-Cal Days of Service from 10/01/08 Through 04/05/09 (excludes Administrative Days and Nursery Days Code 171)	N/A
15. Audited Cost Using the Reduced Regional Average per Diem Contract Rate (Line 13 * Line 14)	_____ 0

AB1183 Reduction for 10/01/08 Through 04/05/09

16. If Line 12 is less than Line 15, then the reduction is Line 11 * 10% \$	0 (To Schedule A, Line 2)
17. If Line 15 is less than Line 12, then the reduction is Line 11 less Line 15	0 (To Schedule A, Line 2)

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

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>285,147</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u> </u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u> </u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u><u>285,147</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u>184</u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,549.71</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><u>184</u></u>
8. Audited Medi-Cal Cost Per Day For 04/06/09 Through 04/12/11 (Line 6 * Line 7)	\$ <u>285,147</u>
9. AB 5 - 10% Cost Reduction for 04/06/09 Through 04/12/11 (Line 8 * 10%)	\$ <u><u>28,515</u></u> (To Schedule A, Line 3)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH APRIL 12, 2011 - HFPA<3 HOSPITALS

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	_____
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u> 0</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	_____
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u> 0.00</u>

AB 5 - 10 % Cost Reduction For Services From 07/01/08 Through 04/12/11

7. Audited Medi-Cal Days of Service from 07/01/08 Through 04/12/11 (excludes Administrative Days)	_____
8. Audited Medi-Cal Cost Per Day For 07/01/08 Through 04/12/11 (Line 6 * Line 7)	\$ <u> 0</u>
9. AB 5 - 10% Cost Reduction for 07/01/08 Through 04/12/11 (Line 8 * 10%)	\$ <u> 0</u>
	(To Schedule A, Line 4)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH OCTOBER 31, 2008 - SMALL RURAL HOSPITALS

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)	_____
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u> 0</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)	_____
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u> 0.00</u>

AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 10/31/08

7. Audited Medi-Cal Days of Service from 07/1/08 Through 10/31/08(exclude Administrative Days)	_____
8. Audited Medi-Cal Cost Per Day For 07/01/08 Through 10/31/08 (Line 6 * Line 7)	\$ <u> 0</u>
9. AB 5 - 10% Cost Reduction for 07/01/08 Through 10/31/08 (Line 8 * 10%)	\$ <u> 0</u> (To Schedule A, Line 5)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2009 THROUGH FEBRUARY 24, 2010 - SMALL RURAL HOSPITALS

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ _____
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	_____
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)	_____
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u> 0</u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)	_____
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u> 0.00</u>

AB 5 - 10% Cost Reduction For Services From 07/01/09 Through 02/24/10

7. Audited Medi-Cal Days of Service from 07/1/09 Through 02/24/10 (exclude Administrative Days)	_____
8. Audited Medi-Cal Cost Per Day For 07/01/09 Through 02/24/10 (Line 6 * Line 7)	\$ <u> 0</u>
9. AB 5 - 10% Cost Reduction for 07/01/09 Through 02/24/10 (Line 8 * 10%)	\$ <u> 0</u> (To Schedule A, Line 6)

COMPUTATION OF LESSER OF
MEDICAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLSFiscal Period Ended:
DECEMBER 31, 2010NPI:
1295880912

	REPORTED	AUDITED
REASONABLE COST OF MEDICAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 314,368	\$ 285,147
CHARGES FOR MEDICAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 6)	\$ 633,891	\$ 457,115
3. Inpatient Ancillary Service Charges (Adj)	\$ 7,279	\$ 0
4. Total Charges - Medi-Cal Inpatient Services	\$ 641,170	\$ 457,115
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 326,802	\$ 171,968
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ 0	\$ 0
	<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 SERVICES

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

NPI:
1295880912

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 143,013	\$ 0
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 171,355	\$ 285,147
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)	\$ 314,368	\$ 285,147
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 314,368	\$ 285,147
	(To Schedule 2)	
9. Medi-Cal Deductibles (Adj 7)	\$ 0	\$ (1,138)
10. Medi-Cal Coinsurance (Adj 7)	\$ (1,739)	\$ (1,529)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 312,629	\$ 282,480
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLSFiscal Period Ended:
DECEMBER 31, 2010NPI:
1295880912

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	45,482	45,482
2. Inpatient Days (include private, exclude swing-bed)	45,482	45,482
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	45,482	45,482
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 5)	95	153

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)	\$ 62,488,286	\$ 66,974,161
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 through 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 62,488,286	\$ 66,974,161

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.000000	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 62,488,286	\$ 66,974,161

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,373.91	\$ 1,472.54
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 130,521	\$ 225,299
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 40,834	\$ 59,848
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 171,355	\$ 285,147

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLSFiscal Period Ended:
DECEMBER 31, 2010NPI:
1295880912

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 4,485,958	\$ (0)
2. Total Inpatient Days (Adj)	2,467	2,467
3. Average Per Diem Cost	\$ 1,818.39	\$ 0.00
4. Medi-Cal Inpatient Days (Adj 5)	6	7
5. Cost Applicable to Medi-Cal	\$ 10,910	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 11,510,782	\$ 11,510,790
7. Total Inpatient Days (Adj)	4,616	4,616
8. Average Per Diem Cost	\$ 2,493.67	\$ 2,493.67
9. Medi-Cal Inpatient Days (Adj 5)	12	24
10. Cost Applicable to Medi-Cal	\$ 29,924	\$ 59,848
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 30.01, Col 27)	\$ 3,942,321	\$ 3,942,324
17. Total Inpatient Days (Adj)	1,061	1,061
18. Average Per Diem Cost	\$ 3,715.67	\$ 3,715.67
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___, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 40,834	\$ 59,848

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLSFiscal Period Ended:
DECEMBER 31, 2010NPI:
1295880912

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

(To Schedule 4)

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODL

Fiscal Period Ended:
DECEMBER 31, 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	ADMINIS- TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	1,976,658	0	0	0	0	0	0	0	0	13,961,742	2,743,934
38.00	Recovery Room	0	601,319	0	0	0	0	0	0	0	0	2,551,602	501,472
39.00	Delivery Room and Labor Room	0	1,153,221	0	0	0	0	0	0	0	0	5,418,653	1,064,941
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	3,360,124	660,373
41.00	Radiology-Diagnostic	0	0	0	0	0	0	0	0	0	0	19,166,621	3,766,862
42.00		0	0	0	0	0	0	0	0	0	0	0	0
42.01	Nuclear Medicine	0	0	0	0	0	0	0	0	0	0	2,043,321	401,579
42.02	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	0	0	0	0	0	0	0	0	0	19,526,479	3,837,585
44.03	Cardiac Cath 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, Processing, and Transf	0	0	0	0	0	0	0	0	0	0	1,998,540	392,778
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	614,748	120,818
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	4,079,677	801,789
50.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	1,504,540	295,691
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	566,611	111,357
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	110,758	21,768
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	1,590,080	312,502
55.30	Implantable Devices Charged to Patien	0	0	0	0	0	0	0	0	0	0	5,554,791	1,091,696
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	4,716,396	926,925
57.00	Renal Dialysis	0	324,963	0	0	0	0	0	0	0	0	2,363,695	464,543
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00		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	0	0	0	0	0	0	0	0	0	14,869,742	2,922,386
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	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, and Canteen	0	0	0	0	0	0	0	0	0	0	149,411	29,364
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0
100.00	OP Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.09	SCPMG	0	0	0	0	0	0	0	0	0	0	5,489,212	1,078,808
100.10	Entity 01 Other costs	0	0	0	0	0	0	0	0	0	0	1,641,562	322,620
100.11	Vacant Space	0	0	0	0	0	0	0	0	0	0	936	184
100.12	O/P Pharmacy	0	0	0	0	0	0	0	0	0	0	291,955	57,379
100.13	Research	0	0	0	0	0	0	0	0	0	0	0	0
100.14	Outside Rental/Real Estate	0	0	0	0	0	0	0	0	0	0	0	0
100.15	MD Sleep Area	0	0	0	0	0	0	0	0	0	0	67,165	13,200
100.16	Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	0	0	435,181	85,527
100.17	Cross Foot Adjustment	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	27,020,180	0	255,833,549	42,021,074							

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODL

Fiscal Period Ended:
DECEMBER 31, 2010

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFETERIA 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	24,809	520,249	27,181	181,479	0	267,494	0	720,041	3,501,860	0	304,997	392,005
38.00 Recovery Room	4,140	86,820	2,031	35,451	0	81,374	0	251,785	64,152	0	230,295	295,992
39.00 Delivery Room and Labor Room	26,142	548,186	17,703	145,849	0	156,061	0	504,301	168,050	0	2,509	3,224
40.00 Anesthesiology	12,221	256,282	0	104,688	0	0	0	0	0	0	275,392	353,954
41.00 Radiology-Diagnostic	39,393	826,063	44,467	367,478	0	0	0	0	0	0	561,987	722,307
42.00	0	0	0	0	0	0	0	0	0	0	0	0
42.01 Nuclear Medicine	5,825	122,150	6,108	49,905	0	0	0	0	0	0	33,304	42,805
42.02 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	27,368	573,901	115	241,139	0	0	0	0	0	0	838,105	1,077,194
44.03 Cardiac Cath 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, Processing, and Transf	0	0	0	0	0	0	0	0	0	0	2,502	3,215
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	590,616	35,582	12,585	16,175
49.00 Respiratory Therapy	0	0	0	21,413	0	0	0	0	0	0	141,199	181,480
50.00 Physical Therapy	12,853	269,519	10,652	110,101	0	0	0	0	0	0	38,775	49,837
51.00 Occupational Therapy	227	4,763	176	1,963	0	0	0	0	0	0	13,185	16,946
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	3,325	4,274
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	12,318	15,833
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	1,565,447	0	12,585	16,175
55.30 Implantable Devices Charged to Patien	0	0	0	0	0	0	0	0	0	0	2,517	3,235
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	5,524,172	12,585	16,175
57.00 Renal Dialysis	1,491	31,268	1,997	0	0	43,976	0	139,474	32,773	0	104	134
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	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	16,249	340,735	64,483	139,187	0	0	0	0	0	0	8,784	11,290
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Home Health Agency	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, and Canteen	3,134	65,721	0	11,361	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0
100.00 OP Meals	0	0	0	0	259,599	0	0	0	0	0	0	0
100.09 SCPMG	286,820	6,014,554	0	3,551,357	0	0	0	0	0	0	0	0
100.10 Entity 01 Other costs	94,218	1,975,736	0	1,091,787	0	0	0	0	0	0	0	0
100.11 Vacant Space	56	1,169	0	0	0	0	0	0	0	0	0	0
100.12 O/P Pharmacy	17,379	364,434	0	0	0	0	0	0	0	0	0	0
100.13 Research	0	0	0	0	0	0	0	0	0	0	0	0
100.14 Outside Rental/Real Estate	0	0	0	0	0	0	0	0	0	0	0	0
100.15 MD Sleep Area	3,998	83,839	0	0	0	0	0	0	0	0	0	0
100.16 Other Nonreimbursable Cost Centers	25,905	543,218	0	0	0	0	0	0	0	0	0	0
100.17 Cross Foot Adjustment	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	827,896	17,024,117	411,187	7,657,144	2,514,278	2,818,325	0	7,427,283	6,973,038	5,559,754	2,519,638	3,238,424

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODL

Fiscal Period Ended:
DECEMBER 31, 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 COST 27.00
										STEP-DOWN ADJUSTMENT 26.00 (Adj 2)	
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	162,104	49,578	0	22,857,476		22,857,476
38.00 Recovery Room	0	0	0	0	0	0	0	0	4,105,115		4,105,115
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	8,055,619		8,055,619
40.00 Anesthesiology	0	0	0	0	0	0	0	0	5,023,033		5,023,033
41.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	25,495,177		25,495,177
42.00	0	0	0	0	0	0	0	0	0		0
42.01 Nuclear Medicine	0	0	0	0	0	0	0	0	2,704,997		2,704,997
42.02 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	26,121,887		26,121,887
44.03 Cardiac Cath 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, Processing, and Transf	0	0	0	0	0	0	0	0	2,397,035		2,397,035
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	1,390,524		1,390,524
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	5,225,558		5,225,558
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,291,968		2,291,968
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	715,228		715,228
52.00 Speech Pathology	0	0	0	0	0	0	0	0	140,125		140,125
53.00 Electrocardiology	0	0	0	0	0	0	0	0	28,151		28,151
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	3,496,789		3,496,789
55.30 Implantable Devices Charged to Patien	0	0	0	0	0	0	0	0	6,652,239		6,652,239
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	11,196,252		11,196,252
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	3,079,456		3,079,456
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00	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	18,372,855		18,372,855
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00 Home Health Agency	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER											
96.00 Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	258,992		258,992
97.00 Research	0	0	0	0	0	0	0	0	0		0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
100.00 OP Meals	0	0	0	0	0	0	0	0	259,599		259,599
100.09 SCPMG	0	0	0	0	0	0	0	0	16,420,751		16,420,751
100.10 Entity 01 Other costs	0	0	0	0	0	0	0	0	5,125,923		5,125,923
100.11 Vacant Space	0	0	0	0	0	0	0	0	2,345		2,345
100.12 O/P Pharmacy	0	0	0	0	0	0	0	0	731,147		731,147
100.13 Research	0	0	0	0	0	0	0	0	0		0
100.14 Outside Rental/Real Estate	0	0	0	0	0	0	0	0	0		0
100.15 MD Sleep Area	0	0	0	0	0	0	0	0	168,203		168,203
100.16 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	1,089,831		1,089,831
100.17 Cross Foot Adjustment	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	0	0	0	1,432,880	438,236	0	255,833,549	0	255,833,549

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

	EMP BENE (GROSS SALARIES) 5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ADM & GEN (ACCUM COST) 6.00	MAINT & REPAIRS (SQ FT) 7.00	
GENERAL SERVICE COST CENTERS												
1.00												
2.00												
3.00	New Cap Related Costs—Building and Fixtures											
4.00	New Cap Related 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												
6.02												
6.03												
6.04												
6.05												
6.06												
6.07												
6.08												
6.00	Administrative and General	9,743,228										
7.00	Maintenance and Repairs	344,771							691,913			
8.00	Operation of Plant	1,799,011							14,214,460		11,521	
9.00	Laundry and Linen Service	181							343,649			
10.00	Housekeeping	4,072,717							6,256,361		5,592	
11.00	Dietary	1,107,581							1,847,093		7,149	
12.00	Cafeteria	1,023,432							1,915,333		12,375	
13.00									0			
14.00	Nursing Administration	4,088,478							5,915,202		3,763	
15.00	Central Services and Supply	2,478,918							4,554,967		33,089	
16.00	Pharmacy	2,819,067							4,303,103		6,588	
17.00	Medical Records and Library	1,348,071							2,010,057		1,701	
18.00	Social Service								2,625,298		2,284	
19.00									0			
19.02									0			
19.03									0			
20.00									0			
21.00									0			
22.00	I&R Services—Salary and Fringes Approved	867,076							1,163,951			
23.00	I&R Services—Other Program Costs Approved								366,255			
24.00									0			
INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics	27,629,196							41,172,188		62,341	
26.00	Intensive Care Unit	5,329,825							7,972,979		10,092	
27.00									0			
28.00									0			
30.00									0			
30.01	Neonatal Intensive Care Unit	1,943,610							2,818,840		3,058	
31.00									0			
32.00									0			
33.00	Nursery	2,475,309							3,567,286		2,383	
34.00									0			
35.00									0			
36.00									0			
36.01	Subacute Care Unit II								0			
36.02									0			

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

	EMP BENE (GROSS SALARIES) 5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ADM & GEN (ACCUM COST) 6.00	MAINT & REPAIRS (SQ FT) 7.00	
ANCILLARY COST CENTERS												
37.00	Operating Room	5,773,179								13,961,742	17,803	
38.00	Recovery Room	1,756,257								2,551,602	2,971	
39.00	Delivery Room and Labor Room	3,368,184								5,418,653	18,759	
40.00	Anesthesiology									3,360,124	8,770	
41.00	Radiology-Diagnostic									19,166,621	28,268	
42.00										0		
42.01	Nuclear Medicine									2,043,321	4,180	
42.02	Radiology-Therapeutic									0		
43.00	Radioisotope									0		
44.00	Laboratory									19,526,479	19,639	
44.03	Cardiac Cath Lab									0		
46.00	Whole Blood									0		
47.00	Blood Storing, Processing, and Transfusion									1,998,540		
48.00	Intravenous Therapy									614,748		
49.00	Respiratory Therapy									4,079,677		
50.00	Physical Therapy									1,504,540	9,223	
51.00	Occupational Therapy									566,611	163	
52.00	Speech Pathology									110,758		
53.00	Electrocardiology									0		
54.00	Electroencephalography									0		
55.00	Medical Supplies Charged to Patients									1,590,080		
55.30	Implantable Devices Charged to Patients									5,554,791		
56.00	Drugs Charged to Patients									4,716,396		
57.00	Renal Dialysis	949,112								2,363,695	1,070	
58.00	ASC (Non-Distinct Part)									0		
59.00										0		
59.02										0		
59.03										0		
60.00	Clinic									0		
60.01	Other Clinic Services									0		
61.00	Emergency									14,869,742	11,660	
62.00	Observation Beds									0		
71.00	Home Health Agency									0		
82.00										0		
83.00										0		
84.00										0		
85.00										0		
86.00										0		
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop, and Canteen									149,411	2,249	
97.00	Research									0		
98.00	Physicians' Private Office									0		
99.00	Nonpaid Workers									0		
100.00	OP Meals									0		
100.09	SCPMG									5,489,212	205,819	
100.10	Entity 01 Other costs									1,641,562	67,610	
100.11	Vacant Space									936	40	
100.12	O/P Pharmacy									291,955	12,471	
100.13	Research									0		
100.14	Outside Rental/Real Estate									0		
100.15	MD Sleep Area									67,165	2,869	
100.16	Other Nonreimbursable Cost Centers									435,181	18,589	
100.17	Cross Foot Adjustment									0		
TOTAL		78,917,203	0	0	0	0	0	0	0	213,812,475	594,089	
COST TO BE ALLOCATED		27,020,180	0	0	0	0	0	0	0	42,021,074	827,896	
UNIT COST MULTIPLIER - SCH 8		0.342386	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.196532	1.393556	

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE- KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (GROSS SALARIES) 12.00	13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS CHARGES) 17.00	SOC SERV (GROSS CHARGES) 18.00	19.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	17,803	115,982	3,051	5,773,179		74,831	5,022		1,299,642	1,299,642		
38.00	Recovery Room	2,971	8,666	596	1,756,257		26,167	92		981,323	981,323		
39.00	Delivery Room and Labor Room	18,759	75,537	2,452	3,368,184		52,410	241		10,690	10,690		
40.00	Anesthesiology	8,770		1,760						1,173,487	1,173,487		
41.00	Radiology-Diagnostic	28,268	189,739	6,178						2,394,713	2,394,713		
42.00													
42.01	Nuclear Medicine	4,180	26,063	839						141,914	141,914		
42.02	Radiology-Therapeutic												
43.00	Radioisotope												
44.00	Laboratory	19,639	492	4,054						3,571,296	3,571,296		
44.03	Cardiac Cath Lab												
46.00	Whole Blood												
47.00	Blood Storing, Processing, and Transfusion									10,660	10,660		
48.00	Intravenous Therapy							847	64	53,626	53,626		
49.00	Respiratory Therapy			360						601,672	601,672		
50.00	Physical Therapy	9,223	45,451	1,851						165,228	165,228		
51.00	Occupational Therapy	163	751	33						56,182	56,182		
52.00	Speech Pathology									14,169	14,169		
53.00	Electrocardiology									52,491	52,491		
54.00	Electroencephalography												
55.00	Medical Supplies Charged to Patients							2,245		53,626	53,626		
55.30	Implantable Devices Charged to Patients									10,724	10,724		
56.00	Drugs Charged to Patients								9,936	53,626	53,626		
57.00	Renal Dialysis	1,070	8,522		949,112		14,495	47		445	445		
58.00	ASC (Non-Distinct Part)												
59.00													
59.02													
59.03													
60.00	Clinic												
60.01	Other Clinic Services												
61.00	Emergency	11,660	275,146	2,340						37,430	37,430		
62.00	Observation Beds												
71.00	Home Health Agency												
82.00													
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop, and Canteen	2,249		191									
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
100.00	OP Meals				17,045								
100.09	SCPMG	205,819		59,705									
100.10	Entity 01 Other costs	67,610		18,355									
100.11	Vacant Space	40											
100.12	O/P Pharmacy	12,471											
100.13	Research												
100.14	Outside Rental/Real Estate												
100.15	MD Sleep Area	2,869											
100.16	Other Nonreimbursable Cost Centers	18,589											
100.17	Cross Foot Adjustment												
	TOTAL	582,568	1,754,529	128,731	165,085	60,826,282	0	771,888	10,000	10,000	10,736,570	10,736,570	0
	COST TO BE ALLOCATED	17,024,117	411,187	7,657,144	2,514,278	2,818,325	0	7,427,283	6,973,038	5,559,754	2,519,638	3,238,424	0
	UNIT COST MULTIPLIER - SCH 8	29.222540	0.234358	59.481737	15.230204	0.046334	0.000000	9.622229	697.303808	555.975408	0.234678	0.301626	0.000000

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

	19.02	19.03	20.00	21.00	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
6.04							
6.05							
6.06							
6.07							
6.08							
6.00							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00							
26.00							
27.00							
28.00							
30.00							
30.01							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

32,282 32,282

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

	19.02	19.03	20.00	21.00	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	24.00
ANCILLARY COST CENTERS							
37.00					4,118	4,118	
38.00							
39.00							
40.00							
41.00							
42.00							
42.01							
42.02							
43.00							
44.00							
44.03							
46.00							
47.00							
48.00							
49.00							
50.00							
51.00							
52.00							
53.00							
54.00							
55.00							
55.30							
56.00							
57.00							
58.00							
59.00							
59.02							
59.03							
60.00							
60.01							
61.00							
62.00							
71.00							
82.00							
83.00							
84.00							
85.00							
86.00							
NONREIMBURSABLE COST CENTERS							
96.00							
97.00							
98.00							
99.00							
100.00							
100.09							
100.10							
100.11							
100.12							
100.13							
100.14							
100.15							
100.16							
100.17							
TOTAL	0	0	0	0	36,400	36,400	0
COST TO BE ALLOCATED	0	0	0	0	1,432,880	438,236	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	39.364841	12.039450	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
GENERAL SERVICE COST CENTERS			
1.00	\$	\$ 0	\$ 0
2.00		0	0
3.00	New Cap Related Costs—Building and Fixtures	14,376,949	14,376,949
4.00	New Cap Related Costs—Movable Equipment	6,117,134	6,117,134
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	27,020,180	27,020,180
6.01		0	0
6.02		0	0
6.03		0	0
6.04		0	0
6.05		0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	36,897,780	36,897,780
7.00	Maintenance and Repairs	435,570	435,570
8.00	Operation of Plant	12,291,635	12,291,635
9.00	Laundry and Linen Service	343,587	343,587
10.00	Housekeeping	4,720,843	4,720,843
11.00	Dietary	1,272,204	1,272,204
12.00	Cafeteria	1,275,216	1,275,216
13.00		0	0
14.00	Nursing Administration	4,327,744	4,327,744
15.00	Central Services and Supply	2,651,421	2,651,421
16.00	Pharmacy	3,151,535	3,151,535
17.00	Medical Records and Library	1,508,674	1,508,674
18.00	Social Service	2,477,669	2,477,669
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00		0	0
22.00	I&R Services—Salary and Fringes Approved	867,076	867,076
23.00	I&R Services—Other Program Costs Approved	366,255	366,255
24.00		0	0
INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics	29,316,103	29,316,103
26.00	Intensive Care Unit	5,795,971	5,795,971
27.00		0	0
28.00		0	0
30.00		0	0
30.01	Neonatal Intensive Care Unit	2,001,963	2,001,963
31.00		0	0
32.00		0	0
33.00	Nursery	2,663,986	2,663,986
34.00		0	0
35.00		0	0
36.00		0	0
36.01	Subacute Care Unit II	0	0
36.02		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

Fiscal Period Ended:
DECEMBER 31, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 11,178,411	\$ 0	\$ 11,178,411
38.00	Recovery Room	1,833,328	0	1,833,328
39.00	Delivery Room and Labor Room	3,657,045	0	3,657,045
40.00	Anesthesiology	3,104,928	0	3,104,928
41.00	Radiology-Diagnostic	18,013,289	0	18,013,289
42.00			0	0
42.01	Nuclear Medicine	1,945,464	0	1,945,464
42.02	Radiology-Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	19,053,950	0	19,053,950
44.03	Cardiac Cath Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing, Processing, and Transfusion	1,998,540	0	1,998,540
48.00	Intravenous Therapy	614,748	0	614,748
49.00	Respiratory Therapy	4,055,209	0	4,055,209
50.00	Physical Therapy	1,281,140	0	1,281,140
51.00	Occupational Therapy	562,383	0	562,383
52.00	Speech Pathology	109,940	0	109,940
53.00	Electrocardiology		0	0
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	1,590,080	0	1,590,080
55.30	Implantable Devices Charged to Patients	5,554,791	0	5,554,791
56.00	Drugs Charged to Patients	4,716,396	0	4,716,396
57.00	Renal Dialysis	1,993,252	0	1,993,252
58.00	ASC (Non-Distinct Part)		0	0
59.00			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	14,596,773	0	14,596,773
62.00	Observation Beds		0	0
71.00	Home Health Agency		0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 255,739,162	\$ 0	\$ 255,739,162
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop, and Canteen	94,387	0	94,387
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
100.00	OP Meals		0	0
100.09	SCPMG		0	0
100.10	Entity 01 Other costs		0	0
100.11	Vacant Space		0	0
100.12	O/P Pharmacy		0	0
100.13	Research		0	0
100.14	Outside Rental/Real Estate		0	0
100.15	MD Sleep Area		0	0
100.16	Other Nonreimbursable Cost Centers		0	0
100.17	Cross Foot Adjustment		0	0
100.99	SUBTOTAL	\$ 94,387	\$ 0	\$ 94,387
101	TOTAL	\$ 255,833,549	\$ 0	\$ 255,833,549

(To Schedule 8)

Provider Name:

Fiscal Period Ended:

KAISER FOUNDATION HOSPITALS—WOODLAND HILLS

DECEMBER 31, 2010

TOTAL ADJ (Page 1 & 2) AUDIT ADJ AUDIT ADJ

ANCILLARY COST CENTERS

37.00	Operating Room	0											
38.00	Recovery Room	0											
39.00	Delivery Room and Labor Room	0											
40.00	Anesthesiology	0											
41.00	Radiology-Diagnostic	0											
42.00		0											
42.01	Nuclear Medicine	0											
42.02	Radiology-Therapeutic	0											
43.00	Radioisotope	0											
44.00	Laboratory	0											
44.03	Cardiac Cath Lab	0											
46.00	Whole Blood	0											
47.00	Blood Storing, Processing, and Transfusion	0											
48.00	Intravenous Therapy	0											
49.00	Respiratory Therapy	0											
50.00	Physical Therapy	0											
51.00	Occupational Therapy	0											
52.00	Speech Pathology	0											
53.00	Electrocardiology	0											
54.00	Electroencephalography	0											
55.00	Medical Supplies Charged to Patients	0											
55.30	Implantable Devices Charged to Patients	0											
56.00	Drugs Charged to Patients	0											
57.00	Renal Dialysis	0											
58.00	ASC (Non-Distinct Part)	0											
59.00		0											
59.02		0											
59.03		0											
60.00	Clinic	0											
60.01	Other Clinic Services	0											
61.00	Emergency	0											
62.00	Observation Beds	0											
71.00	Home Health Agency	0											
82.00		0											
83.00		0											
84.00		0											
85.00		0											
86.00		0											

NONREIMBURSABLE COST CENTERS

96.00	Gift, Flower, Coffee Shop, and Canteen	0											
97.00	Research	0											
98.00	Physicians' Private Office	0											
99.00	Nonpaid Workers	0											
100.00	OP Meals	0											
100.09	SCPMG	0											
100.10	Entity 01 Other costs	0											
100.11	Vacant Space	0											
100.12	O/P Pharmacy	0											
100.13	Research	0											
100.14	Outside Rental/Real Estate	0											
100.15	MD Sleep Area	0											
100.16	Other Nonreimbursable Cost Centers	0											
100.17	Cross Foot Adjustment	0											

101.00	TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0
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(To Sch 10)

Provider Name							Fiscal Period	NPI		Adjustments
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS							JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1295880912		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<u>MEMORANDUM ADJUSTMENTS</u>										
1							The services provided to Medi-Cal inpatients in noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5. These limitations are addressed on Noncontract Schedule A et seq. and are incorporated on Noncontract Schedule 1 Line 4. W&I Code, Sections 14105.19 and 14166.245			
2							Nursery cost was reported in the cost report under Nursery, line 33.00. The cost center line after step-down will be reclassified to Adults and Pediatrics, line 25.00. This is done in accordance with 42 CFR 413.20, 413.24, and 413.50, in addition to CMS Pub. 15-1, Sections 2202.6, 2202.7, 2336, and 2336.1.			

Provider Name							Fiscal Period	NPI	Adjustments	
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS							JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1295880912	8	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED TOTAL RVU'S</u>										
3	5	C	I	XIX	48.00	8	Intravenous Therapy	53,626	(53,626)	0
	5	C	I	XIX	55.00	8	Medical Supplies Charged to Patients	53,626	(53,626)	0
	5	C	I	XIX	56.00	8	Drugs Charged to Patients	53,626	(53,626)	0
	5	C	I	XIX	103.00	8	Total	10,736,570	(160,878)	10,575,692
To eliminate RVU's determined by total patient days which are not an appropriate determination of ancillary usage. 42 CFR 413.20, 413.24, 413.50, 413.53, and 413.60 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408										

Provider Name							Fiscal Period	NPI		Adjustments
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS							JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1295880912		8
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>										
4	6	D-4	XIX	37.00	2	Medi-Cal Ancillary RVU—Operating Room	\$1,108	(\$1,108)	\$0	
	6	D-4	XIX	38.00	2	Medi-Cal Ancillary RVU—Recovery Room	767	(767)	0	
	6	D-4	XIX	39.00	2	Medi-Cal Ancillary RVU—Delivery and Labor Room	23	(23)	0	
	6	D-4	XIX	40.00	2	Medi-Cal Ancillary RVU—Anesthesiology	1,041	(1,041)	0	
	6	D-4	XIX	41.00	2	Medi-Cal Ancillary RVU—Radiology-Diagnostic	663	(663)	0	
	6	D-4	XIX	44.00	2	Medi-Cal Ancillary RVU—Laboratory	1,505	(1,505)	0	
	6	D-4	XIX	47.00	2	Medi-Cal Ancillary RVU—Blood Storing, Processing, and Transfusion	22	(22)	0	
	6	D-4	XIX	48.00	2	Medi-Cal Ancillary RVU—Intravenous Therapy	113	(113)	0	
	6	D-4	XIX	49.00	2	Medi-Cal Ancillary RVU—Respiratory Therapy	1,268	(1,268)	0	
	6	D-4	XIX	50.00	2	Medi-Cal Ancillary RVU—Physical Therapy	348	(348)	0	
	6	D-4	XIX	51.00	2	Medi-Cal Ancillary RVU—Occupational Therapy	118	(118)	0	
	6	D-4	XIX	52.00	2	Medi-Cal Ancillary RVU—Speech Pathology	30	(30)	0	
	6	D-4	XIX	53.00	2	Medi-Cal Ancillary RVU—Electrocardiology	16	(16)	0	
	6	D-4	XIX	55.00	2	Medi-Cal Ancillary RVU—Medical Supplies Charges to Patients	113	(113)	0	
	6	D-4	XIX	55.30	2	Medi-Cal Ancillary RVU—Implantable Devices Charged to Patients	18	(18)	0	
	6	D-4	XIX	56.00	2	Medi-Cal Ancillary RVU—Drugs Charged to Patients	113	(113)	0	
	6	D-4	XIX	57.00	2	Medi-Cal Ancillary RVU—Renal Dialysis	1	(1)	0	
	6	D-4	XIX	61.00	2	Medi-Cal Ancillary RVU—Emergency	12	(12)	0	
	6	D-4	XIX	101.00	2	Medi-Cal Ancillary RVU—Total	7,279	(7,279)	0	
To eliminate Medi-Cal Ancillary Charges calculated by the provider due to the provider's methodology not being supported. 42 CFR 413.20, 413.24, 413.50, 413.53, and 413.60 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408										

Provider Name							Fiscal Period		NPI		Adjustments
KAISER FOUNDATION HOSPITALS—WOODLAND HILLS							JANUARY 1, 2010 THROUGH DECEMBER 31, 2010		1295880912		8
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											
5	4	D-1	I	XIX	9.00	1	Medi-Cal Days—Adults and Pediatrics	95	58	153	
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days—Nursery	6	1	7	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days—Intensive Care Unit	12	12	24	
6	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$633,891	(\$176,776)	\$457,115	
7	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$1,138	\$1,138	
	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	1,739	(210)	1,529	
8	1	E-3	III	XIX	57.00	1	Interim Payments	\$246,394	\$151,653	\$398,047	
							To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data: Service Period: January 1, 2010 through December 31, 2010 Payment Period: January 1, 2010 through June 28, 2013 Reports Dated: July 16, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2205, 2300, and 2304 W&I Code, Section 14105.191 CCR, Title 22, Section 51541				