

**REPORT
ON THE
COST REPORT REVIEW**

**HEALTHSOUTH REHAB BAKERSFIELD
BAKERSFIELD, CALIFORNIA
PROVIDER NUMBER: HSC33031F
NPI NUMBER: 1568436798
FISCAL PERIOD ENDED
DECEMBER 31, 2008**

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

**Section Chief: Michael Harrold
Audit Supervisor: Linda King
Auditor: Parminder Samran**



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



EDMUND G. BROWN JR.
GOVERNOR

February 2, 2011

Robert Mosesian, Controller
HealthSouth Bakersfield Rehabilitation Hospital
5001 Commerce Drive
Bakersfield, CA 93309

PROVIDER: HEALTHSOUTH REHAB BAKERSFIELD
PROVIDER NO. HSC33031F
NPI NO. 1568436798
FISCAL PERIOD ENDED DECEMBER 31, 2008

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 Paid Claims Summary Report, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$2,789, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Cost (CONTRACT Schedules)
3. Audited Allocation of Home Office Cost
4. Audit Adjustments Schedule

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

Robert Mosesian
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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
Office of Administrative Appeals and Hearings
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 95899-7413

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 95814-5005
(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:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
2. Subprovider I (SCHEDULE 1-1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1)	Provider No. HSC33031F		
	Reported		\$ 1,105,801
	Net Change		\$ (303,757)
	Audited Cost		\$ 802,044
	Audited Amount Due Provider (State)	\$ (2,789)	
5. Distinct Part Nursing Facility (DPNF SCH 1)	Provider No.		
	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 No.		
	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 No.		
	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)		\$ (2,789)	
9. Total Medi-Cal Cost			\$ 802,044

SUMMARY OF FINDINGS

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)	Provider No.		
	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 No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)	Provider No.		
	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)		\$ (2,789)	

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC33031F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>1,105,801</u>	\$ <u>802,044</u>
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>1,105,801</u>	\$ <u>802,044</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>1,105,801</u>	\$ <u>802,044</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Medi-Cal Credit Balances (Adj 8)	\$ <u>0</u>	\$ <u>(2,789)</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>(2,789)</u>
	(To Summary of Findings)	

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

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC33031F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>1,105,801</u>	\$ <u>802,044</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 7)	\$ <u>923,120</u>	\$ <u>702,240</u>
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3. Inpatient Ancillary Service Charges (Adj 7)	\$ <u>802,698</u>	\$ <u>564,775</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>1,725,818</u>	\$ <u>1,267,015</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>620,017</u>	\$ <u>464,971</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
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(To Contract Sch 1)

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

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

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC33031F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>458,222</u>	\$ <u>331,783</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>647,579</u>	\$ <u>470,261</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>1,105,801</u>	\$ <u>802,044</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ <u>Contract Sch 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>1,105,801</u>	\$ <u>802,044</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj)	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>1,105,801</u></u>	\$ <u><u>802,044</u></u>
	(To Contract Sch 1)	

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

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC33031F

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	16,121	16,121
2. Inpatient Days (include private, exclude swing-bed)	16,121	16,121
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	16,121	16,121
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)	1,049	798

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, Part I, Line 25, Col 27)	\$ 9,951,947	\$ 9,500,125
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)	\$ 9,951,947	\$ 9,500,125

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 14,186,480	\$ 14,186,480
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 14,186,480	\$ 14,186,480
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.701509	\$ 0.669660
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)	\$ 880.00	\$ 880.00
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)	\$ 9,951,947	\$ 9,500,125

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 617.33	\$ 589.30
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 647,579	\$ 470,261
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 647,579	\$ 470,261

(To Contract Sch 3)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC33031F

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 0	\$ 0	0.000000	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	0	0	0.000000	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	177,286	91,940	1.928281	4,106	7,918
41.01	Radiology SUA	11,798	11,798	1.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	0	0	0.000000	0	0
44.00	Laboratory	262,777	436,085	0.602583	18,135	10,928
44.01	Laboratory SUA	174,230	174,230	1.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	572,337	2,368,623	0.241633	73,692	17,806
50.00	Physical Therapy	2,516,086	4,028,387	0.624589	144,463	90,230
51.00	Occupational Therapy	1,902,624	2,264,231	0.840296	124,013	104,208
52.00	Speech Pathology	676,272	1,070,576	0.631690	41,286	26,080
53.00	Electrocardiology	0	0	0.000000	0	0
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	479,859	379,746	1.263633	11,758	14,858
55.01	Cost of Medical Supplies - SUA	31,273	31,273	1.000000	0	0
56.00	Drugs Charged to Patients	1,471,639	3,628,233	0.405608	147,322	59,755
57.00	Renal Dialysis	0	0	0.000000	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00	Psych	16,736	25,400	0.658910	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	0	0	0.000000	0	0
62.00	Observation Beds	0	0	0.000000	0	0
65.00	Ambulance	539,681	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 8,832,598	\$ 14,510,522		\$ 564,775	\$ 331,783

(To Contract Sch 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
 HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
 DECEMBER 31, 2008

Provider No:
 HSC33031F

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 6)	AUDITED
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	5,021	(915)	4,106
41.01	Radiology SUA			0
41.02				0
42.00	Radiology - Therapeutic			0
43.00	Radioisotope			0
44.00	Laboratory	27,116	(8,981)	18,135
44.01	Laboratory SUA			0
46.00	Whole Blood			0
47.00	Blood Storing and Processing			0
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	123,500	(49,808)	73,692
50.00	Physical Therapy	182,325	(37,862)	144,463
51.00	Occupational Therapy	156,661	(32,648)	124,013
52.00	Speech Pathology	70,403	(29,117)	41,286
53.00	Electrocardiology			0
54.00	Electroencephalography			0
55.00	Medical Supplies Charged to Patients	17,643	(5,885)	11,758
55.01	Cost of Medical Supplies - SUA			0
56.00	Drugs Charged to Patients	220,029	(72,707)	147,322
57.00	Renal Dialysis			0
58.00	ASC (Non-Distinct Part)			0
59.00	Psych			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
65.00	Ambulance			0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 802,698	\$ (237,923)	\$ 564,775

(To Contract Sch 5)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

	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	0	0	0	0	0	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	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	7,815	0	0	0	0	0	0	0	0	112,700	43,200
41.01 Radiology SUA	0	0	0	0	0	0	0	0	0	0	11,798	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	186,516	71,496
44.00 Laboratory	0	0	0	0	0	0	0	0	0	0	174,230	0
44.01 Laboratory SUA	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	46,580	0	0	0	0	0	0	0	0	376,552	144,341
50.00 Physical Therapy	0	180,273	0	0	0	0	0	0	0	0	1,596,497	611,972
51.00 Occupational Therapy	0	97,245	0	0	0	0	0	0	0	0	1,165,956	446,936
52.00 Speech Pathology	0	57,013	0	0	0	0	0	0	0	0	459,034	175,958
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	4,262	0	0	0	0	0	0	0	0	312,817	119,909
55.01 Cost of Medical Supplies - SUA	0	0	0	0	0	0	0	0	0	0	31,273	0
56.00 Drugs Charged to Patients	0	60,669	0	0	0	0	0	0	0	0	1,019,149	390,662
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	9,232	3,539
59.00 Psych	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	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Ambulance	0	0	0	0	0	0	0	0	0	0	390,134	149,547
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 CENTE												
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
98.00 Physicians' Private Offices	0	9,617	0	0	0	0	0	0	0	0	96,437	36,967
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	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 Guest Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Non-Allowable Marketing	0	1,602	0	0	0	0	0	0	0	0	13,821	5,298
100.02 Rented Lab Space	0	0	0	0	0	0	0	0	0	0	9,469	3,630
100.03 Beauty Shop	0	0	0	0	0	0	0	0	0	0	4,205	1,612
100.04 Unused Physician Office Space	0	0	0	0	0	0	0	0	0	0	16,061	6,157
TOTAL	0	1,452,436	0	0	0	0	0	0	0	0	18,692,060	5,119,400

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

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	0	0	0	0	0	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	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	11,811	0	7,785	0	785	0	0	0	0	1,005	0
41.01 Radiology SUA	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	0	0	0	0	0	0	0	0	0	4,766	0
44.01 Laboratory SUA	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	10,748	0	7,084	0	7,727	0	0	0	0	25,885	0
50.00 Physical Therapy	0	137,885	10,805	90,881	0	24,022	0	0	0	0	44,024	0
51.00 Occupational Therapy	0	147,783	10,805	97,405	0	8,994	0	0	0	0	24,744	0
52.00 Speech Pathology	0	13,570	0	8,944	0	7,066	0	0	0	0	11,700	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	25,052	0	16,512	0	1,419	0	0	0	0	4,150	0
55.01 Cost of Medical Supplies - SUA	0	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	0	10,013	0	6,600	0	5,565	0	0	0	0	39,651	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	2,223	0	1,465	0	0	0	0	0	0	278	0
59.00 Psych	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	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Ambulance	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 CENTE												
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
98.00 Physicians' Private Offices	0	16,489	0	10,868	0	2,906	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	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 Guest Meals	0	0	0	0	96,638	0	0	0	0	0	0	0
100.01 Non-Allowable Marketing	0	1,044	0	688	0	165	0	0	0	0	0	0
100.02 Rented Lab Space	0	6,224	0	4,103	0	0	0	0	0	0	0	0
100.03 Beauty Shop	0	2,764	0	1,822	0	0	0	0	0	0	0	0
100.04 Unused Physician Office Space	0	13,241	0	8,728	0	0	0	0	0	0	0	0
TOTAL	0	869,008	264,392	498,593	805,651	166,085	0	161,928	0	0	311,237	498,711

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Fiscal Period Ended:
DECEMBER 31, 2008

Provider Name:	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 STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
HEALTHSOUTH REHAB BAKERSFIELD												
	GENERAL SERVICE COST CENTER											
1.00	Old Cap Rel Costs-Bldg & Fixtures											
2.00	Old Cap Rel Costs-Movable Equipmer											
3.00	New Cap Rel Costs-Bldg & Fixtures											
4.00	New Cap Rel Costs-Movable Equipme											
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												
7.00	Administrative and General											
8.00	Maintenance and Repairs											
9.00	Operation of Plant											
10.00	Laundry and Linen Service											
11.00	Housekeeping											
12.00	Dietary											
13.00	Cafeteria											
14.00	Maintenance of Personnel											
15.00	Nursing Administration											
16.00	Central Services & Supply											
17.00	Pharmacy											
18.00	Medical Records and Library											
19.00	Social Service											
19.02		0										
19.03		0										
20.00		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 CENTE											
25.00	Adults & Pediatrics (Gen Routine)	0				0				9,500,125		9,500,125
26.00	Intensive Care Unit	0				0				0		0
27.00	Coronary Care Unit	0				0				0		0
28.00	Neonatal Intensive Care Unit	0				0				0		0
29.00	Surgical Intensive Care	0				0				0		0
30.00	Subprovider I	0				0				0		0
31.00	Subprovider II	0				0				0		0
32.00		0				0				0		0
33.00	Nursery	0				0				0		0
34.00	Medicare Certified Nursing Facility	0				0				0		0
35.00	Distinct Part Nursing Facility	0				0				0		0
36.00	Adult Subacute Care Unit	0				0				0		0
36.01	Subacute Care Unit II	0				0				0		0
36.02	Transitional Care Unit	0				0				0		0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

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	POST STEP-DOWN ADJUSTMENT	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	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
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	177,286	0	177,286
41.01 Radiology SUA	0	0	0	0	0	0	0	0	11,798	0	11,798
41.02	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
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	0	0	0	0	0	0	0	262,777	0	262,777
44.01 Laboratory SUA	0	0	0	0	0	0	0	0	174,230	0	174,230
46.00 Whole Blood	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
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	572,337	0	572,337
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,516,086	0	2,516,086
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,902,624	0	1,902,624
52.00 Speech Pathology	0	0	0	0	0	0	0	0	676,272	0	676,272
53.00 Electrocardiography	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
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	479,859	0	479,859
55.01 Cost of Medical Supplies - SUA	0	0	0	0	0	0	0	0	31,273	0	31,273
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	1,471,639	0	1,471,639
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00 Psych	0	0	0	0	0	0	0	0	16,736	0	16,736
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	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
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
65.00 Ambulance	0	0	0	0	0	0	0	0	539,681	0	539,681
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	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
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	163,667	0	163,667
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00 Guest Meals	0	0	0	0	0	0	0	0	96,638	0	96,638
100.01 Non-Allowable Marketing	0	0	0	0	0	0	0	0	21,016	0	21,016
100.02 Rented Lab Space	0	0	0	0	0	0	0	0	23,426	0	23,426
100.03 Beauty Shop	0	0	0	0	0	0	0	0	10,403	0	10,403
100.04 Unused Physician Office Space	0	0	0	0	0	0	0	0	44,187	0	44,187
TOTAL	0	0	19,030	0	0	0	0	24,000	18,692,060	0	18,692,060

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	STAT (Adj)	6.01 (Adj)	6.02 (Adj)	6.03 (Adj)	6.04 (Adj)	6.05 (Adj)	6.06 (Adj)	6.07 (Adj)	6.08 (Adj)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT)
												(Adj)
ANCILLARY COST CENTERS												
37.00											0	
38.00											0	
39.00											0	
40.00											0	
41.00	50,042										112,700	
41.01											0	
41.02											0	
42.00											0	
43.00											0	
44.00											186,516	
44.01											0	
46.00											0	
47.00											0	
48.00											0	
49.00	298,280										376,552	
50.00	1,154,391										1,586,497	
51.00	622,716										1,165,956	
52.00	365,084										459,034	
53.00											0	
54.00											0	
55.00	27,289										312,817	
55.01											0	
56.00	388,498										1,019,149	
57.00											0	
58.00											0	
59.00											9,232	
59.02											0	
59.03											0	
60.00											0	
60.01											0	
61.00											0	
62.00											0	
65.00											390,134	
82.00											0	
83.00											0	
84.00											0	
85.00											0	
86.00											0	
NONREIMBURSABLE COST CENTERS												
96.00											0	
97.00											0	
98.00	61,586										96,437	
99.00											0	
99.01											0	
99.02											0	
99.03											0	
99.04											0	
99.05											0	
100.00											0	
100.01	10,260										13,821	
100.02											9,469	
100.03											4,205	
100.04											16,061	
TOTAL	9,300,777	0	0	0	0	0	0	0	0	0	13,355,359	0
COST TO BE ALLOCATED	1,452,436	0	0	0	0	0	0	0	0	0	5,119,400	0
UNIT COST MULTIPLIER - SCH 8	0.156163	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.383322	0.000000

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (FTEs) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (PT DAYS) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS REV) (Adj)	SOC SERV (PATIENT DAYS) (Adj)	STAT (Adj)
ANCILLARY COST CENTERS												
37.00												
38.00												
39.00												
40.00												
41.00	611		611		57					91,940		
41.01												
41.02												
42.00												
43.00												
44.00												
44.01												
46.00												
47.00												
48.00												
49.00	556		556									
50.00	7,133	7,705	7,133							2,368,623		
51.00	7,645	7,705	7,645							4,028,387		
52.00	702		702							2,264,231		
53.00										1,070,576		
54.00												
55.00	1,296		1,296							379,746		
55.01												
56.00	518		518							3,628,233		
57.00												
58.00												
59.00	115		115							25,400		
59.02												
59.03												
60.00												
60.01												
61.00												
62.00												
65.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00												
97.00												
98.00	853		853		211							
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00												
100.01	54		54									
100.02	322		322									
100.03	143		143									
100.04	685		685									
100.04				8,640								
TOTAL	44,955	188,532	39,133	72,030	12,058	0	16,121	0	0	28,479,701	16,121	0
COST TO BE ALLOCATED	869,008	264,392	498,593	805,651	166,085	0	161,928	0	0	311,237	498,711	0
UNIT COST MULTIPLIER - SCH 8	19.330616	1.402373	12.740981	11.184937	13.773854	0.000000	10.044530	0.000000	0.000000	0.010928	30.935466	0.000000

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

GENERAL SERVICE COST CENTERS

	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)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
1.00	19.02	19.03	20.00	21.00	22.00	23.00	24.00
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							
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							
25.00							
26.00							
27.00							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

IMPATIENT ROUTINE COST CENTERS

Nursing School							
Intern & Res Service-Salary & Fringes							
Intern & Res Other Program							
Paramedical Ed Program							
Adults & Pediatrics (Gen Routine)							
Intensive Care Unit							
Coronary Care Unit							
Neonatal Intensive Care Unit							
Surgical Intensive Care							
Subprovider I							
Subprovider II							
Nursery							
Medicare Certified Nursing Facility							
Distinct Part Nursing Facility							
Adult Subacute Care Unit							
Subacute Care Unit II							
Transitional Care Unit							

TRIAL BALANCE OF EXPENSES

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	1,253,319	0	1,253,319
4.00	New Cap Rel Costs-Movable Equipment	314,472	0	314,472
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	1,452,436	0	1,452,436
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	4,663,782	(3,844)	4,659,938
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	580,580	0	580,580
9.00	Laundry and Linen Service	110,744	0	110,744
10.00	Housekeeping	155,658	0	155,658
11.00	Dietary	489,129	0	489,129
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	75,041	0	75,041
15.00	Central Services & Supply		0	0
16.00	Pharmacy		0	0
17.00	Medical Records and Library	162,508	0	162,508
18.00	Social Service	298,880	0	298,880
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)	4,534,871	(313,656)	4,221,215
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:
HEALTHSOUTH REHAB BAKERSFIELD

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$	\$ 0	\$ 0
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room		0	0
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	86,918	0	86,918
41.01	Radiology SUA	11,798	0	11,798
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	186,516	0	186,516
44.01	Laboratory SUA	174,230	0	174,230
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	313,622	0	313,622
50.00	Physical Therapy	1,206,466	0	1,206,466
51.00	Occupational Therapy	843,897	0	843,897
52.00	Speech Pathology	381,378	0	381,378
53.00	Electrocardiology		0	0
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	270,444	0	270,444
55.01	Cost of Medical Supplies - SUA	31,273	0	31,273
56.00	Drugs Charged to Patients	943,247	0	943,247
57.00	Renal Dialysis		0	0
58.00	ASC (Non-Distinct Part)		0	0
59.00	Psych	5,850	0	5,850
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency		0	0
62.00	Observation Beds		0	0
65.00	Ambulance		390,134	390,134
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 18,547,059	\$ 72,634	\$ 18,619,693
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Offices	61,736	0	61,736
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00	Guest Meals		0	0
100.01	Non-Allowable Marketing	10,631	0	10,631
100.02	Rented Lab Space	0	0	0
100.03	Beauty Shop	0	0	0
100.04	Unused Physician Office Space	0	0	0
100.99	SUBTOTAL	\$ 72,367	\$ 0	\$ 72,367
101	TOTAL	\$ 18,619,426	\$ 72,634	\$ 18,692,060

(To Schedule 8)

Provider Name:
HEALTHSOUTH REHAB BAKERSFIELD

Page 1
Fiscal Period Ended:
DECEMBER 31, 2008

	TOTAL ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
(Page 1 & 2)	1	2	3	4											
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														
41.01 Radiology SUA	0														
41.02	0														
42.00 Radiology - Therapeutic	0														
43.00 Radioisotope	0														
44.00 Laboratory	0														
44.01 Laboratory SUA	0														
46.00 Whole Blood	0														
47.00 Blood Storing and Processing	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														
55.01 Cost of Medical Supplies - SUA	0														
56.00 Drugs Charged to Patients	0														
57.00 Renal Dialysis	0														
58.00 ASC (Non-Distinct Part)	0														
59.00 Psych	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														
65.00 Ambulance	390,134														
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														
98.00 Physicians' Private Offices	0														
99.00 Nonpaid Workers	0														
99.01	0														
99.02	0														
99.03	0														
99.04	0														
99.05	0														
100.00 Guest Meals	0														
100.01 Non-Allowable Marketing	0														
100.02 Rented Lab Space	0														
100.03 Beauty Shop	0														
100.04 Unused Physician Office Space	0														
101.00 TOTAL	\$72,634	0	(498)	(3,346)	76,478	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name		Fiscal Period		Provider Number		Adjustments		
HEALTHSOUTH REHAB BAKERSFIELD		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC33031F		8		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1	10A	A		25.00	7	Adults and Pediatrics	\$4,534,871	\$4,144,737 *
	10A	A		65.00	7	Ambulance	0	390,134
<p style="text-align: center;">RECLASSIFICATION OF REPORTED COSTS</p> <p>To reclassify transportation expense to an outpatient cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2104.1, 2300 and 2304 CMS Pub. 15-2, Section 3610</p>								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period			Provider Number		Adjustments	
HEALTHSOUTH REHAB BAKERSFIELD		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			HSC33031F		8	
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
2	10A	A	6.00	7	Administrative and General	\$4,663,782		
					To eliminate bad debts expense not eliminated by the provider. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		(\$498)	
3					To reverse property taxes adjustment due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		(3,346) (\$3,844)	\$4,659,938
4	10A	A	25.00	7	Adults and Pediatrics	\$4,144,737	\$76,478	\$4,221,215
					To reverse the provider's adjustment of transportation cost in conjunction with adjustment number 1. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2104.1, 2300 and 2304 CMS Pub. 15-2, Section 3610	*		

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments				
HEALTHSOUTH REHAB BAKERSFIELD		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC33031F		8				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
5	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	1,049	(251)	798
6	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$5,021	(\$915)	\$4,106
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	27,116	(8,981)	18,135
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	123,500	(49,808)	73,692
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	182,325	(37,862)	144,463
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	156,661	(32,648)	124,013
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	70,403	(29,117)	41,286
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	17,643	(5,885)	11,758
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	220,029	(72,707)	147,322
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	802,698	(237,923)	564,775
7	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges - Total	\$923,120	(\$220,880)	\$702,240
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges - Total	802,698	(237,923)	564,775

To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:
 Report Date: June 30, 2010
 Payment Period: January 1, 2008 through May 31, 2010
 Service Period: January 1, 2008 through December 31, 2008
 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139
 CMS Pub. 15-1, Sections 2304, 2404, and 2408
 CCR, Title 22, Section 51541

Provider Name		Fiscal Period		Provider Number		Adjustments		
HEALTHSOUTH REHAB BAKERSFIELD		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC33031F		8		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
8	1	N/A				\$0	\$2,789	\$2,789
<p>Amount Due State</p> <p>To recover outstanding Medi-Cal credit balances.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Sections 2300 and 2304</p> <p>CCR, Title 22, Sections 50761 and 51458.1</p> <p>ADJUSTMENT TO OTHER MATTERS</p>								