

**REPORT
ON THE
COST REPORT REVIEW
HOLLYWOOD COMMUNITY HOSPITALS
HOLLYWOOD, CALIFORNIA
PROVIDER NUMBERS: HSC/HSP 30135I
AND NPI 1023010113
FISCAL PERIOD ENDED
DECEMBER 31, 2008**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Gertrude Lake
Auditor: Jimmy Lee**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

November 8, 2011

Becky Levy
Chief Financial Officer
Alta Hospitals System, LLC
10780 Santa Monica Boulevard, Suite 400
Los Angeles, CA 90025

PROVIDER: HOLLYWOOD COMMUNITY HOSPITALS
PROVIDER NO. HSC 30135I / NPI 1023010113
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 \$49,990, 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 Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s)

Becky Levy
Page 2

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
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814-2825
(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—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. HSP 30135I	Reported	\$ 0	
	Net Change	\$ (25,754)	
	Audited Amount Due Provider (State)	\$ (25,754)	
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. HSC 30135I	Reported		\$ 18,409,165
	Net Change		\$ (5,246,222)
	Audited Cost		\$ 13,162,943
	Audited Amount Due Provider (State)	\$ (24,236)	
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)		\$ (49,990)	
9. Total Medi-Cal Cost			\$ 13,162,943

SUMMARY OF FINDINGS

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

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 (State) - (Lines 10 through 15)	\$ 0	
17. Total Combined Audited Settlement Due	Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (49,990)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
HSP 30135I

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 85,752
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ _____ 0	\$ _____ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ _____ 0	\$ _____ 0
4.	\$ _____ 0	\$ _____ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ _____ 0	\$ _____ 85,752
6. Interim Payments (Adj 8)	\$ _____ 0	\$ _____ (111,506)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ (25,754)
8. Duplicate Payments (Adj)	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (25,754)
		(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
HOLLYWOOD COMMUNITY HOSPITALSFiscal Period Ended:
DECEMBER 31, 2008Provider No.
HSP 30135I

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 85,989

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 6) \$ 0 \$ 318,9073. Inpatient Ancillary Service Charges (Adj 6) \$ 0 \$ 214,0624. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 532,9695. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 446,9806. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
HOLLYWOOD COMMUNITY HOSPITALSFiscal Period Ended:
DECEMBER 31, 2008Provider No.
HSP 30135I

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 21,340
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 64,649
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)	\$ 0	\$ 85,989
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0	\$ 0
8. SUBTOTAL	\$ 0	\$ 85,989
		(To Schedule 2)
9. Coinsurance (Adj 7)	\$ 0	\$ (237)
10. Patient and Third Party Liability (Adj)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 85,752
		(To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
HOLLYWOOD COMMUNITY HOSPITALSFiscal Period Ended:
DECEMBER 31, 2008Provider No.
HSP 30135I

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	34,830	34,830
2. Inpatient Days (include private, exclude swing-bed)	34,830	34,830
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	34,830	34,830
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)	0	0

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)	\$ 15,679,883	\$ 15,687,023
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)	\$ 15,679,883	\$ 15,687,023

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 48,122,447	\$ 48,122,447
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 48,122,447	\$ 48,122,447
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.325833	\$ 0.325981
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 1,381.64	\$ 1,381.64
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)	\$ 15,679,883	\$ 15,687,023

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 450.18	\$ 450.39
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 13,076
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 51,573
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 64,649

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
HOLLYWOOD COMMUNITY HOSPITALSFiscal Period Ended:
DECEMBER 31, 2008Provider No.
HSP 30135I

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, 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
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,708,712	\$ 4,710,854
7. Total Inpatient Days (Adj)	1,533	1,533
8. Average Per Diem Cost	\$ 3,071.57	\$ 3,072.96
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 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 28, 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
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, 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 (January 1, 2008 through March 31, 2008)		
26. Per Diem Rate (Adj 2)	\$ 0.00	\$ 318.19
27. Medi-Cal Inpatient Days (Adj 2)	0	14
28. Cost Applicable to Medi-Cal	\$ 0	\$ 4,455
ADMINISTRATIVE DAYS (November 1, 2008 through November 30, 2008)		
29. Per Diem Rate (Adj 3)	\$ 0.00	\$ 233.01
30. Medi-Cal Inpatient Days (Adj 3)	0	37
31. Cost Applicable to Medi-Cal	\$ 0	\$ 8,621
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 13,076

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
HOLLYWOOD COMMUNITY HOSPITALSFiscal Period Ended:
DECEMBER 31, 2008Provider No.
HSP 30135I

	REPORTED	AUDITED
SPECIAL CARE UNITS		
ADMINISTRATIVE DAYS (January 1, 2008 through December 31, 2008)		
1. Per Diem Rate (Adj 4)	\$ 0.00	\$ 310.68
2. Medi-Cal Inpatient Days (Adj 4)	0	166
3. Cost Applicable to Medi-Cal	\$ 0	\$ 51,573
ADMINISTRATIVE DAYS		
4. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
5. Medi-Cal Inpatient Days (Adj)	0	0
6. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
7. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
8. Medi-Cal Inpatient Days (Adj)	0	0
9. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
10. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
11. Medi-Cal Inpatient Days (Adj)	0	0
12. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
13. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
16. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
17. Medi-Cal Inpatient Days (Adj)	0	0
18. Cost Applicable to Medi-Cal	\$ 0	\$ 0
19. Medi-Cal Routine Cost (Sum of Lines 3,6,9,12,15,18)	\$ 0	\$ 51,573

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSP 30135I

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 945,554	\$ 2,161,862	0.437380	\$ 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	689,288	2,337,247	0.294915	2,898	855
41.01	Ultrasound	211,294	1,696,346	0.124559	1,069	133
41.02	Nuclear Medicine	156,506	316,337	0.494744	0	0
41.03	MRI	36,131	38,954	0.927542	0	0
41.04	CT Scan	272,645	3,254,277	0.083780	0	0
44.00	Laboratory	1,894,681	23,481,552	0.080688	46,213	3,729
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood and Packed Red Blood	3,252	287,347	0.011317	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	1,284,453	10,689,802	0.120157	0	0
50.00	Physical Therapy	810,575	897,841	0.902804	2,323	2,097
51.00	Occupational Therapy	0	0	0.000000	0	0
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	67,892	2,521,001	0.026930	0	0
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	2,045,109	6,443,645	0.317384	0	0
56.00	Drugs Charged to Patients	3,328,698	37,022,928	0.089909	161,559	14,526
57.00	Renal Dialysis	136,930	407,952	0.335652	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00		0	0	0.000000	0	0
59.01		0	0	0.000000	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	949,198	5,039,044	0.188369	0	0
61.00	Emergency	599,918	1,114,399	0.538334	0	0
62.00	Observation Beds	0	0	0.000000	0	0
71.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 13,432,125	\$ 97,710,534		\$ 214,062	\$ 21,340

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30135I

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>18,409,165</u>	\$ <u>13,162,943</u>
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>18,409,165</u>	\$ <u>13,162,943</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>18,409,165</u>	\$ <u>13,162,943</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Medi-Cal Credit Balances (Adj 13)	\$ <u>0</u>	\$ <u>(24,236)</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>(24,236)</u>
	(To Summary of Findings)	

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

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30135I

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>18,409,165</u>	\$ <u>13,335,144</u>
--	----------------------	----------------------

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 11)	\$ <u>32,275,407</u>	\$ <u>17,923,234</u>
---	----------------------	----------------------

3. Inpatient Ancillary Service Charges (Adj 11)	\$ <u>53,368,072</u>	\$ <u>44,211,376</u>
---	----------------------	----------------------

4. Total Charges - Medi-Cal Inpatient Services	\$ <u>85,643,479</u>	\$ <u>62,134,610</u>
--	----------------------	----------------------

5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>67,234,314</u>	\$ <u>48,799,466</u>
--	----------------------	----------------------

6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
--	-------------	-------------

(To Contract Sch 1)

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

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

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30135I

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>6,982,458</u>	\$ <u>6,281,860</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>11,426,707</u>	\$ <u>7,053,284</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>18,409,165</u>	\$ <u>13,335,144</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>18,409,165</u>	\$ <u>13,335,144</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 12)	\$ <u>0</u>	\$ <u>(172,182)</u>
10. Patient and Third Party Liability (Adj 12)	\$ <u>0</u>	\$ <u>(19)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>18,409,165</u>	\$ <u>13,162,943</u>
	(To Contract Sch 1)	

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

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30135I

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	34,830	34,830
2. Inpatient Days (include private, exclude swing-bed)	34,830	34,830
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	34,830	34,830
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 9)	20,238	9,820

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)	\$ 15,679,883	\$ 15,687,023
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)	\$ 15,679,883	\$ 15,687,023

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 48,122,447	\$ 48,122,447
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 48,122,447	\$ 48,122,447
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.325833	\$ 0.325981
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 1,381.64	\$ 1,381.64
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)	\$ 15,679,883	\$ 15,687,023

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 450.18	\$ 450.39
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 9,110,743	\$ 4,422,830
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 2,315,964	\$ 2,630,454
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 11,426,707	\$ 7,053,284

(To Contract Sch 3)

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

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30135I

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, 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
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,708,712	\$ 4,710,854
7. Total Inpatient Days (Adj)	1,533	1,533
8. Average Per Diem Cost	\$ 3,071.57	\$ 3,072.96
9. Medi-Cal Inpatient Days (Adj 9)	754	856
10. Cost Applicable to Medi-Cal	\$ 2,315,964	\$ 2,630,454
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 28, 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
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, 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
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)	\$ 2,315,964	\$ 2,630,454

(To Contract Sch 4)

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

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30135I

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
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 Contract Sch 4)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

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	0	0	0	0	0	0	0	0	0	556,395	160,503
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	0	0	0	0	0	0	0	0	0	412,683	119,046
41.01 Ultrasound	0	0	0	0	0	0	0	0	0	0	143,501	41,396
41.02 Nuclear Medicine	0	0	0	0	0	0	0	0	0	0	118,688	34,238
41.03 MRI	0	0	0	0	0	0	0	0	0	0	27,700	7,991
41.04 CT Scan	0	0	0	0	0	0	0	0	0	0	177,865	51,309
44.00 Laboratory	0	0	0	0	0	0	0	0	0	0	1,184,892	341,805
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood and Packed Red 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	0	0	0	0	0	0	0	0	0	0	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	868,536	250,546
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	526,942	152,006
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	13,136	3,789
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	1,423,539	410,647
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,612,574	465,178
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	102,690	29,623
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
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	554,024	159,819
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	367,496	106,011
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	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 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
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	0	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	33,830,002	7,574,040

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

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	82,658	34,580	0	46,877	0	10,929	11,015	18,132	0	0	14,093	10,373
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	57,942	24,240	0	32,860	0	8,002	8,064	0	0	0	15,237	11,214
41.01 Ultrasound	0	0	0	0	0	3,586	3,614	0	0	0	11,059	8,139
41.02 Nuclear Medicine	0	0	0	0	0	0	0	0	0	0	2,062	1,518
41.03 MRI	0	0	0	0	0	0	0	0	0	0	254	187
41.04 CT Scan	0	0	0	0	0	3,308	3,334	0	0	0	21,215	15,614
44.00 Laboratory	29,250	12,237	0	16,588	0	21,996	22,167	0	0	0	153,079	112,668
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood and Packed Red Blood	0	0	0	0	0	0	0	0	0	0	1,873	1,379
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	0	0	0	0	22,110	22,282	0	0	0	69,688	51,291
50.00 Physical Therapy	48,851	20,437	0	27,704	0	12,190	12,285	0	0	0	5,853	4,308
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	11,300	4,727	0	6,408	0	0	0	0	0	0	16,435	12,096
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	137,998	0	42,007	30,918
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	831,947	241,357	177,641
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	2,659	1,957
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
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	72,381	30,280	0	41,048	0	11,984	12,077	10,556	0	0	32,850	24,178
61.00 Emergency	15,090	6,313	0	8,558	9,211	8,668	8,735	57,223	0	0	7,265	5,347
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	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 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
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	0	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1,380,330	577,456	316,147	771,096	1,615,841	396,280	386,468	883,602	137,998	831,947	984,808	724,829

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

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 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
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				15,687,023		15,687,023
26.00	Intensive Care Unit	0				0				4,710,854		4,710,854
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

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

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	945,554	0	945,554
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	689,288	0	689,288
41.01 Ultrasound	0	0	0	0	0	0	0	0	211,294	0	211,294
41.02 Nuclear Medicine	0	0	0	0	0	0	0	0	156,506	0	156,506
41.03 MRI	0	0	0	0	0	0	0	0	36,131	0	36,131
41.04 CT Scan	0	0	0	0	0	0	0	0	272,645	0	272,645
44.00 Laboratory	0	0	0	0	0	0	0	0	1,894,681	0	1,894,681
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood and Packed Red Blood	0	0	0	0	0	0	0	0	3,252	0	3,252
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	0	0	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,284,453	0	1,284,453
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	810,575	0	810,575
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	67,892	0	67,892
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	2,045,109	0	2,045,109
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,328,698	0	3,328,698
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	136,930	0	136,930
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0
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	949,198	0	949,198
61.00 Emergency	0	0	0	0	0	0	0	0	599,918	0	599,918
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0
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 Office	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
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	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	33,830,002	0	33,830,002

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		(Adj)
ANCILLARY COST CENTERS											
37.00	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	556,395	7.00
Operating Room	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		(Adj)
38.00										0	3,555
Recovery Room										0	
39.00										0	
Delivery Room and Labor Room										0	
40.00										412,683	2,492
Anesthesiology										143,501	
41.00										118,688	
Radiology - Diagnostic										27,700	
41.01										177,865	
Ultrasound										1,184,892	
41.02										0	
Nuclear Medicine										0	
41.03										0	
MRI										0	
41.04										0	
CT Scan										0	
44.00										0	
Laboratory										0	
44.01										0	
Pathological Lab										0	
46.00										0	
Whole Blood and Packed Red Blood										0	
47.00										0	
Blood Storing and Processing										0	
48.00										0	
Intravenous Therapy										0	
49.00										0	
Respiratory Therapy										0	
50.00										0	
Physical Therapy										0	
51.00										0	
Occupational Therapy										0	
52.00										0	
Speech Pathology										0	
53.00										0	
Electrocardiology										0	
54.00										0	
Electroencephalography										0	
55.00										0	
Medical Supplies Charged to Patients										0	
56.00										0	
Drugs Charged to Patients										0	
57.00										0	
Renal Dialysis										0	
58.00										0	
ASC (Non-District Part)										0	
59.00										0	
59.01										0	
Recovery Room										0	
59.02										0	
Delivery Room and Labor Room										0	
59.03										0	
Anesthesiology										0	
60.00										0	
Clinic										0	
60.01										0	
Other Clinic Services										0	
61.00										0	
Emergency										0	
62.00										0	
Observation Beds										0	
71.00										0	
82.00										0	
83.00										0	
84.00										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00										0	
Gift, Flower, Coffee Shop & Canteen										0	
97.00										0	
Research										0	
98.00										0	
Physicians' Private Office										0	
99.00										0	
Nonpaid Workers										0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00										0	
100.01										0	
100.02										0	
100.03										0	
100.04										0	
TOTAL	0	0	0	0	0	0	0	0	0	26,255,962	59,366
COST TO BE ALLOCATED	0	0	0	0	0	0	0	0	0	7,574,040	1,380,330
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.288469	23.251193

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TIME SPENT)	SOC SERV (TIME SPENT)	STAT
ANCILLARY COST CENTERS												
37.00	Operating Room	3,555	3,555		362,113	362,113	2,489			2,161,862	2,161,862	
38.00	Recovery Room											
39.00	Delivery Room and Labor Room											
40.00	Anesthesiology											
41.00	Radiology - Diagnostic	2,492	2,492		285,125	285,125				2,337,247	2,337,247	
41.01	Ultrasound				118,808	118,808				1,696,346	1,696,346	
41.02	Nuclear Medicine									316,337	316,337	
41.03	MRI									38,954	38,954	
41.04	CT Scan									3,254,277	3,254,277	
44.00	Laboratory									23,481,551	23,481,551	
44.01	Pathological Lab									287,347	287,347	
46.00	Whole Blood and Packed Red Blood											
47.00	Blood Storing and Processing											
48.00	Intravenous Therapy											
49.00	Respiratory Therapy											
50.00	Physical Therapy											
51.00	Occupational Therapy	2,101	2,101		732,538	732,538				10,689,802	10,689,802	
52.00	Speech Pathology				403,867	403,867				897,841	897,841	
53.00	Electrocardiology	486	486							2,521,001	2,521,001	
54.00	Electroencephalography											
55.00	Medical Supplies Charged to Patients							100		6,443,645	6,443,645	
56.00	Drugs Charged to Patients									37,022,928	37,022,928	
57.00	Renal Dialysis									407,952	407,952	
58.00	ASC (Non-Distinct Part)											
59.00												
59.01												
59.02												
59.03												
60.00	Clinic											
60.01	Other Clinic Services	3,113	3,113		397,046	397,046	1,449			5,039,044	5,039,044	
61.00	Emergency	649	649	1,647	287,185	287,185	7,855			1,114,399	1,114,399	
62.00	Observation Beds											
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen											
97.00	Research											
98.00	Physicians' Private Office											
99.00	Nonpaid Workers											
99.01												
99.02												
99.03												
99.04												
99.05												
100.00												
100.01												
100.02												
100.03												
100.04												
59,366	TOTAL	36,363	58,478	288,925	13,129,545	13,034,128	121,291	100	100	151,064,484	151,064,484	0
577,456	COST TO BE ALLOCATED	316,147	771,096	1,615,841	396,280	396,468	883,602	137,998	831,947	984,808	724,829	0
9,727,047	UNIT COST MULTIPLIER - SCH 8	8,694,197	13,186,089	5,592,598	0,030182	0,030418	7,284,974	1379,978413	8319,472334	0,006519	0,004798	0,000000

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

	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)
GENERAL SERVICE COST CENTERS							
1.00 Old Cap Rel Costs-Bldg & Fixtures	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
2.00 Old Cap Rel Costs-Movable Equipment	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
3.00 New Cap Rel Costs-Bldg & Fixtures							
4.00 New Cap Rel Costs-Movable Equipment							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00 Employee Benefits							
6.01 Non-Patient Telephones							
6.02 Data Processing							
6.03 Purchasing/Receiving							
6.04 Patient Admitting							
6.05 Patient Business Office							
6.06							
6.07							
6.08							
6.00 Administrative and General							
7.00 Maintenance and Repairs							
8.00 Operation of Plant							
9.00 Laundry and Linen Service							
10.00 Housekeeping							
11.00 Dietary							
12.00 Cafeteria							
13.00 Maintenance of Personnel							
14.00 Nursing Administration							
15.00 Central Services & Supply							
16.00 Pharmacy							
17.00 Medical Records and Library							
18.00 Social Service							
19.00							
19.02							
19.03							
20.00							
21.00 Nursing School							
22.00 Intern & Res Service-Salary & Fringes							
23.00 Intern & Res Other Program							
24.00 Paramedical Ed Program							
INPATIENT ROUTINE COST CENTERS							
25.00 Adults & Pediatrics (Gen Routine)							
26.00 Intensive Care Unit							
27.00 Coronary Care Unit							
28.00 Neonatal Intensive Care Unit							
29.00 Surgical Intensive Care							
30.00 Subprovider I							
31.00 Subprovider II							
32.00							
33.00 Nursery							
34.00 Medicare Certified Nursing Facility							
35.00 Distinct Part Nursing Facility							
36.00 Adult Subacute Care Unit							
36.01 Subacute Care Unit I							
36.02 Transitional Care Unit							

TRIAL BALANCE OF EXPENSES

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	800,667	0	800,667
4.00	New Cap Rel Costs-Movable Equipment	1,245,838	0	1,245,838
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	0	0	0
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	7,397,686	15,400	7,413,086
7.00	Maintenance and Repairs	790,308	0	790,308
8.00	Operation of Plant	448,172	0	448,172
9.00	Laundry and Linen Service	230,895	0	230,895
10.00	Housekeeping	566,201	0	566,201
11.00	Dietary	945,324	0	945,324
12.00	Cafeteria	0	0	0
13.00	Maintenance of Personnel	276,555	0	276,555
14.00	Nursing Administration	649,076	0	649,076
15.00	Central Services & Supply	54,805	0	54,805
16.00	Pharmacy	567,262	0	567,262
17.00	Medical Records and Library	654,467	0	654,467
18.00	Social Service	518,488	0	518,488
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	7,854,655	0	7,854,655
26.00	Intensive Care Unit	3,092,588	0	3,092,588
27.00	Coronary Care Unit	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0
29.00	Surgical Intensive Care	0	0	0
30.00	Subprovider I	0	0	0
31.00	Subprovider II	0	0	0
32.00		0	0	0
33.00	Nursery	0	0	0
34.00	Medicare Certified Nursing Facility	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	0	0	0
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
HOLLYWOOD COMMUNITY HOSPITALS

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 460,309	\$ 0	\$ 460,309
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	0	0	0
40.00	Anesthesiology	0	0	0
41.00	Radiology - Diagnostic	345,328	0	345,328
41.01	Ultrasound	143,501	0	143,501
41.02	Nuclear Medicine	118,688	0	118,688
41.03	MRI	27,700	0	27,700
41.04	CT Scan	177,865	0	177,865
44.00	Laboratory	1,150,890	0	1,150,890
44.01	Pathological Lab	0	0	0
46.00	Whole Blood and Packed Red Blood	0	0	0
47.00	Blood Storing and Processing	0	0	0
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	868,536	0	868,536
50.00	Physical Therapy	470,155	0	470,155
51.00	Occupational Therapy	0	0	0
52.00	Speech Pathology	0	0	0
53.00	Electrocardiology	0	0	0
54.00	Electroencephalography	0	0	0
55.00	Medical Supplies Charged to Patients	1,423,539	0	1,423,539
56.00	Drugs Charged to Patients	1,612,574	0	1,612,574
57.00	Renal Dialysis	102,690	0	102,690
58.00	ASC (Non-Distinct Part)	0	0	0
59.00		0	0	0
59.01		0	0	0
59.02		0	0	0
59.03		0	0	0
60.00	Clinic	0	0	0
60.01	Other Clinic Services	469,885	0	469,885
61.00	Emergency	349,955	0	349,955
62.00	Observation Beds	0	0	0
71.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
	SUBTOTAL	\$ 33,814,602	\$ 15,400	\$ 33,830,002
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
97.00	Research	0	0	0
98.00	Physicians' Private Office	0	0	0
99.00	Nonpaid Workers	0	0	0
99.01		0	0	0
99.02		0	0	0
99.03		0	0	0
99.04		0	0	0
99.05		0	0	0
100.00		0	0	0
100.01		0	0	0
100.02		0	0	0
100.03		0	0	0
100.04		0	0	0
100.99	SUBTOTAL	\$ 0	\$ 0	\$ 0
101	TOTAL	\$ 33,814,602	\$ 15,400	\$ 33,830,002

(To Schedule 8)

	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	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	(Page 1 & 2)	1																	
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 Ultrasound	0																		
41.02 Nuclear Medicine	0																		
41.03 MRI	0																		
41.04 CT Scan	0																		
44.00 Laboratory	0																		
44.01 Pathological Lab	0																		
46.00 Whole Blood and Packed Red 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																		
56.00 Drugs Charged to Patients	0																		
57.00 Renal Dialysis	0																		
58.00 ASC (Non-Distinct Part)	0																		
59.00	0																		
59.01	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	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 & Canteen	0																		
97.00 Research	0																		
98.00 Physicians' Private Office	0																		
99.00 Nonpaid Workers	0																		
99.01	0																		
99.02	0																		
99.03	0																		
99.04	0																		
99.05	0																		
100.00	0																		
100.01	0																		
100.02	0																		
100.03	0																		
100.04	0																		
101.00 TOTAL	\$15,400	15,400	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name		Fiscal Period		Provider Number		Adjustments		
HOLLYWOOD COMMUNITY HOSPITALS		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 301351		13		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1	10A	A	6.00	7	Administrative and General	\$7,397,686	\$15,400	\$7,413,086
<p style="text-align: center;">ADJUSTMENT TO REPORTED COSTS</p> <p>To reverse the provider's abatement because the provider erroneously abated other rental income twice. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
HOLLYWOOD COMMUNITY HOSPITALS		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 301351		13		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT								
2	4A	Not Reported				0	14	14
	4A	Not Reported				\$0	\$318.19	\$318.19
3	4A	Not Reported				0	37	37
	4A	Not Reported				\$0	\$233.01	\$233.01
4	4A	Not Reported				0	166	166
	4A	Not Reported				\$0	\$310.68	\$310.68
5	6	Not Reported				\$0	\$2,898	\$2,898
	6	Not Reported				0	1,069	1,069
	6	Not Reported				0	46,213	46,213
	6	Not Reported				0	2,323	2,323
	6	Not Reported				0	161,559	161,559
	6	Not Reported				0	214,062	214,062
6	2	Not Reported				\$0	\$318,907	\$318,907
	2	Not Reported				0	214,062	214,062
7	3	Not Reported				\$0	\$237	\$237
8	1	Not Reported				\$0	\$111,506	\$111,506
<p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary Report: Report Date: March 22, 2011 Payment Period: January 1, 2008 through March 21, 2011 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</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
HOLLYWOOD COMMUNITY HOSPITALS		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 301351		13		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			

Explanation of Audit Adjustments
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT

-Continued from previous page-

To adjust Medi-Cal Settlement Data to agree with the following
 EDS Paid Claims Summary Report:
 Report Date: March 22, 2011
 Payment Period: January 1, 2008 through March 21, 2011
 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		
HOLLYWOOD COMMUNITY HOSPITALS		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 301351		13		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
13	Contract 1	N/A	Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1			\$0	\$24,236	\$24,236
ADJUSTMENT TO OTHER MATTERS								