

**REPORT
ON THE
COST REPORT REVIEW
PACIFICA HOSPITAL OF THE VALLEY
SUN VALLEY, CALIFORNIA
PROVIDER NUMBERS: HSC/ZZT 30378H, LTC 70026G,
LTC 40005F, NPI 1407918717, NPI 1740344464,
NPI 1699835082, AND NPI 1689751661
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: Allen Dervi
Auditor: Tigist Shongwe**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

April 5, 2010

Administrator
Pacifica Hospital of the Valley
9449 San Fernando Road
Sun Valley, CA 91352

PROVIDER: PACIFICA HOSPITAL OF THE VALLEY
PROVIDER NOS. HSC 30378H / NPI 1407918717
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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi Cal Contract Cost (CONTRACT Schedules)
4. Computation of Adult Subacute Per Diem (ADULT SUBACUTE Schedules)
5. Computation of Pediatric Subacute Per Diem (PEDIATRIC SUBACUTE Schedules)
6. Audit Adjustments Schedule

Future Distinct Part Nursing Facility prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Rate Development Branch.

Administrator
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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 95814-2825
(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:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT 30378H	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. HSC 30378H	Reported		\$ 15,108,112
	Net Change		\$ (6,891,186)
	Audited Cost		\$ 8,216,926
	Audited Amount Due Provider (State)	\$ 0	
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. LTC 70026G	Reported		\$ 710.69
	Net Change		\$ (2.21)
	Audited Cost Per Day		\$ 708.48
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ 0	
9. Total Medi-Cal Cost			\$ 8,216,926

SUMMARY OF FINDINGS

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
10. Subacute (PEDIATRIC SUBACUTE SCH 1-1) Provider No. LTC 40005F	Reported		\$ 1,429.86
	Net Change		\$ (31.42)
	Audited Cost Per Day		\$ 1,398.44
	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)		\$ 0	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZT 30378H

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 12,728
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	\$ _____ 12,728
6. Interim Payments (Adj 7)	\$ _____ 0	\$ _____ (12,728)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ 0
8. Duplicate Payments (Adj)	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ 0
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
PACIFICA HOSPITAL OF THE VALLEYFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30378H

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 12,728

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 6) \$ 0 \$ 149,912

3. Inpatient Ancillary Service Charges (Adj) \$ 0 \$ 0

4. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 149,912

5. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 137,1846. 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:
PACIFICA HOSPITAL OF THE VALLEYFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30378H

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>0</u>	\$ <u>0</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>0</u>	\$ <u>12,728</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>0</u>	\$ <u>12,728</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>0</u>	\$ <u>12,728</u>
		(To Schedule 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>0</u>	\$ <u>12,728</u>
		(To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
PACIFICA HOSPITAL OF THE VALLEYFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30378H

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	23,776	23,776
2. Inpatient Days (include private, exclude swing-bed)	23,776	23,776
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	23,776	23,776
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)	\$ 16,927,210	\$ 16,487,583
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 16,927,210	\$ 16,487,583

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 35,515,803	\$ 35,515,803
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 35,515,803	\$ 35,515,803
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.476611	\$ 0.464232
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)	\$ 1,493.77	\$ 1,493.77
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 16,927,210	\$ 16,487,583

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 711.95	\$ 693.45
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 12,728
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 12,728

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
PACIFICA HOSPITAL OF THE VALLEYFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30378H

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,231,496	\$ 1,199,250
2. Total Inpatient Days (Adj)	2,421	2,421
3. Average Per Diem Cost	\$ 508.67	\$ 495.35
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)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 3,562,811	\$ 3,470,586
12. Total Inpatient Days (Adj)	1,654	1,654
13. Average Per Diem Cost	\$ 2,154.06	\$ 2,098.30
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		
26. Per Diem Rate (Adj 5)	\$ 0.00	\$ 318.19
27. Medi-Cal Inpatient Days (Adj 5)	0	40
28. Cost Applicable to Medi-Cal	\$ 0	\$ 12,728
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 12,728

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
PACIFICA HOSPITAL OF THE VALLEYFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30378H

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 Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT 30378H

		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	\$ 1,668,265	\$ 6,257,011	0.266623	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	1,976,915	1,476,896	1.338561	0	0
40.00	Anesthesiology	359,729	456,764	0.787560	0	0
41.00	Radiology - Diagnostic	1,444,990	2,279,824	0.633816	0	0
41.01	Ultra Sound	313,186	2,433,472	0.128699	0	0
41.02	CAT Scan	364,222	4,354,780	0.083637	0	0
41.03	Magnetic Resonance Imaging (MRI)	161,199	341,140	0.472531	0	0
43.00	Radioisotope	154,646	399,084	0.387503	0	0
44.00	Laboratory	3,217,913	12,782,982	0.251734	0	0
44.01	Vascular Laboratory	125,676	387,069	0.324687	0	0
44.02	Pulmonary Function Testing	53,306	570,247	0.093479	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	1,774,981	15,816,349	0.112224	0	0
50.00	Physical Therapy	704,312	1,760,066	0.400162	0	0
51.00	Occupational Therapy	372,907	544,251	0.685175	0	0
52.00	Speech Pathology	158,008	348,654	0.453194	0	0
53.00	Electrocardiology	192,126	1,226,567	0.156637	0	0
54.00	Electroencephalography	1,668	912	1.828455	0	0
55.00	Medical Supplies Charged to Patients	2,923,004	12,299,204	0.237658	0	0
56.00	Drugs Charged to Patients	4,135,190	14,347,515	0.288216	0	0
57.00	Renal Dialysis	252,531	694,906	0.363403	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00	Endoscopy	188,195	132,307	1.422411	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	22,951	1,500	15.300960	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	3,844,311	15,666,053	0.245391	0	0
62.00	Observation Beds (Non - Distinct Part)	0	357,063	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		\$ 24,410,234	\$ 94,934,616		\$ 0	\$ 0

(To Schedule 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT 30378H

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	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			0
41.01	Ultra Sound			0
41.02	CAT Scan			0
41.03	Magnetic Resonance Imaging (MRI)			0
43.00	Radioisotope			0
44.00	Laboratory			0
44.01	Vascular Laboratory			0
44.02	Pulmonary Function Testing			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	Endoscopy			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 (Non - Distinct Part)			0
71.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

(To Schedule 5)

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT 30378H

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
40.00	Anesthesiology	\$ 0	\$ 0	0.000000	\$	\$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	0	0	0.000000		0
53.00	Electrocardiology	0	0	0.000000		0
54.00	Electroencephalography	0	0	0.000000		0
61.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Schedule 3)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30378H

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>15,108,112</u>	\$ <u>8,216,926</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>15,108,112</u>	\$ <u>8,216,926</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>15,108,112</u>	\$ <u>8,216,926</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Medi-Cal Credit Balances (Adj)	\$ <u>0</u>	\$ <u>0</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>0</u>
	(To Summary of Findings)	

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30378H

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>15,108,112</u>	\$ <u>8,299,420</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 10)	\$ <u>22,432,200</u>	\$ <u>8,101,015</u>
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3. Inpatient Ancillary Service Charges (Adj 10)	\$ <u>15,755,795</u>	\$ <u>11,955,889</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>38,187,995</u>	\$ <u>20,056,904</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>23,079,883</u>	\$ <u>11,757,484</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:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30378H

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>4,943,105</u>	\$ <u>3,826,288</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>10,165,007</u>	\$ <u>4,473,132</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>15,108,112</u>	\$ <u>8,299,420</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>15,108,112</u>	\$ <u>8,299,420</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 11)	\$ <u>0</u>	\$ <u>(73,019)</u>
10. Deductibles (Adj 11)	\$ <u>0</u>	\$ <u>(9,475)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>15,108,112</u>	\$ <u>8,216,926</u>
	(To Contract Sch 1)	

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30378H

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	23,776	23,776
2. Inpatient Days (include private, exclude swing-bed)	23,776	23,776
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	23,776	23,776
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 8)	11,382	3,772

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)	\$ 16,927,210	\$ 16,487,583
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 16,927,210	\$ 16,487,583

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 35,515,803	\$ 35,515,803
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 35,515,803	\$ 35,515,803
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.476611	\$ 0.464232
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)	\$ 1,493.77	\$ 1,493.77
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 16,927,210	\$ 16,487,583

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 711.95	\$ 693.45
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 8,103,415	\$ 2,615,693
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 2,061,592	\$ 1,857,439
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 10,165,007	\$ 4,473,132

(To Contract Sch 3)

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30378H

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,231,496	\$ 1,199,250
2. Total Inpatient Days (Adj)	2,421	2,421
3. Average Per Diem Cost	\$ 508.67	\$ 495.35
4. Medi-Cal Inpatient Days (Adj 8)	1,745	1,708
5. Cost Applicable to Medi-Cal	\$ 887,629	\$ 846,058
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, 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
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 3,562,811	\$ 3,470,586
12. Total Inpatient Days (Adj)	1,654	1,654
13. Average Per Diem Cost	\$ 2,154.06	\$ 2,098.30
14. Medi-Cal Inpatient Days (Adj 8)	545	482
15. Cost Applicable to Medi-Cal	\$ 1,173,963	\$ 1,011,381
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)	\$ 2,061,592	\$ 1,857,439
	(To Contract Sch 4)	

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

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30378H

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)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30378H

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 9)	AUDITED
37.00	Operating Room	\$ 1,349,348	\$ (393,806)	\$ 955,542
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	718,137	(14,559)	703,578
40.00	Anesthesiology	121,153	(12,095)	109,058
41.00	Radiology - Diagnostic	320,481	(80,983)	239,498
41.01	Ultra Sound	330,786	(43,689)	287,097
41.02	CAT Scan	427,210	(100,236)	326,974
41.03	Magnetic Resonance Imaging (MRI)	56,706	(30,217)	26,489
43.00	Radioisotope	26,459	(10,303)	16,156
44.00	Laboratory	2,854,890	(692,663)	2,162,227
44.01	Vascular Laboratory	86,664	76,569	163,233
44.02	Pulmonary Function Testing	171,726	1,395	173,121
47.00	Blood Storing and Processing	0	0	0
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	1,354,557	(668,412)	686,145
50.00	Physical Therapy	154,661	(70,596)	84,065
51.00	Occupational Therapy	18,059	(12,631)	5,428
52.00	Speech Pathology	72,024	(61,006)	11,018
53.00	Electrocardiology	287,484	(98,521)	188,963
54.00	Electroencephalography	304	0	304
55.00	Medical Supplies Charged to Patients	2,171,069	214,160	2,385,229
56.00	Drugs Charged to Patients	3,260,233	(1,000,966)	2,259,267
57.00	Renal Dialysis	366,278	(186,730)	179,548
58.00	ASC (Non-Distinct Part)	0	0	0
59.00	Endoscopy	24,921	(8,744)	16,177
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	0	0	0
61.00	Emergency	1,582,645	(605,873)	976,772
62.00	Observation Beds (Non - Distinct Part)	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
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 15,755,795	\$ (3,799,906)	\$ 11,955,889

(To Contract Sch 5)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70026G

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 4,417,706	\$ 4,746,642	\$ 328,936
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 15,132,648	\$ 14,742,866	\$ (389,782)
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 19,550,354	\$ 19,489,508	\$ (60,846)
4. Total Adult Subacute Patient Days (Adj)	27,509	27,509	0
5. Average Adult Subacute Per Diem Cost (L3 / L4)	\$ 710.69	\$ 708.48	\$ (2.21)

ADULT SUBACUTE OVERPAYMENT & OVERBILLINGS

6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0

(To Summary of Findings)

GENERAL INFORMATION

9. Contracted Number of Adult Subacute Beds (Adj 20)	93	89	(4)
10. Total Licensed Nursing Facility Beds (Adj)	98	98	0
11. Total Licensed Capacity (All levels of care)(Adj 19)	212	231	19
12. Total Medi-Cal Adult Subacute Patient Days (Adj 15)	26,129	25,740	(389)

CAPITAL RELATED COST

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 617,717	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 617,717	N/A

TOTAL SALARY & BENEFITS

16. Direct Salary & Benefits Expenses	N/A	\$ 7,122,281	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 3,674,486	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 10,796,767	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj 16)	AUDITED TOTAL DAYS (Adj 14)	AUDITED MEDI-CAL DAYS (Adj 15)
19. Ventilator (Equipment Cost Only)	\$ 120,349	3,504	3,279
20. Nonventilator	N/A	24,005	N/A
21. TOTAL	N/A	27,509	N/A

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70026G

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 8,214,955	\$ 8,214,955	\$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures	172,918	172,918	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	10,669	18,897	8,228
4.00	New Cap Rel Costs-Movable Equipment	136,116	136,649	533
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	1,164,842	1,164,984	142
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	2,310,663	1,989,786	(320,877)
7.00	Maintenance and Repairs	0	0	0
8.00	Operation of Plant	767,368	750,946	(16,422)
9.00	Laundry and Linen Service	232,702	226,656	(6,046)
10.00	Housekeeping	374,348	364,572	(9,776)
11.00	Dietary	509,365	496,575	(12,790)
12.00	Cafeteria	270,071	262,480	(7,591)
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	648,624	631,684	(16,940)
15.00	Central Services & Supply	48,589	47,423	(1,166)
16.00	Pharmacy	0	0	0
17.00	Medical Records and Library	266,881	259,917	(6,964)
18.00	Social Service	4,537	4,422	(115)
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
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 15,132,648	\$ 14,742,866	\$ (389,782)

(To Adult Subacute Sch 1)

* From Schedule 8, Part I, Line 36.00

SCHEDULE OF TOTAL OTHER ALLOWABLE ADULT SUBACUTE ANCILLARY COSTS**

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70026G

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL SUBACUTE ANCILLARY CHARGES ** (Adult SA Sch 4)	SUBACUTE ANCILLARY COSTS***
37.00	Operating Room	\$ 1,668,265	\$ 6,257,011	0.266623	\$ 0	\$ 0
41.00	Radiology - Diagnostic	1,444,990	2,279,824	0.633816	66,279	42,009
41.01	Ultra Sound	313,186	2,433,472	0.128699	0	0
41.02	CAT Scan	364,222	4,354,780	0.083637	0	0
41.03	Magnetic Resonance Imaging	161,199	341,140	0.472531	0	0
43.00	Radioisotope	154,646	399,084	0.387503	0	0
44.00	Laboratory	3,217,913	12,782,982	0.251734	412,476	103,834
44.01	Vascular Laboratory	125,676	387,069	0.324687	0	0
44.02	Pulmonary Function Testing	53,306	570,247	0.093479	0	0
49.00	Respiratory Therapy	1,774,981	15,816,349	0.112224	11,658,125	1,308,327
50.00	Physical Therapy	704,312	1,760,066	0.400162	1,079,380	431,927
51.00	Occupational Therapy	372,907	544,251	0.685175	482,709	330,740
52.00	Speech Pathology	158,008	348,654	0.453194	195,650	88,667
53.00	Electrocardiology	192,126	1,226,567	0.156637	0	0
55.00	Medical Supplies Charged to Patients	2,923,004	12,299,204	0.237658	4,738,568	1,126,159
56.00	Drugs Charged to Patients	4,135,190	14,347,515	0.288216	4,562,470	1,314,979
59.00	Endoscopy	188,195	132,307	1.422411	0	0
61.00	Emergency	3,844,311	15,666,053	0.245391	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	\$ 21,796,440	\$ 91,946,575		\$ 23,195,657	\$ 4,746,642

(To Adult Subacute Sch 1)

* From Schedule 8, Column 27
 ** Total Other Allowable Ancillary Charges included in the rate.
 *** Total Other Ancillary Costs included in the rate.

**ADJUSTMENTS TO OTHER ALLOWABLE
ADULT SUBACUTE ANCILLARY CHARGES**

**Provider Name:
PACIFICA HOSPITAL OF THE VALLEY**

**Fiscal Period Ended:
DECEMBER 31, 2008**

**Provider No:
LTC 70026G**

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adjs 12,13)	AUDITED
37.00	Operating Room	\$ 56	\$ (56)	\$ 0
41.00	Radiology - Diagnostic	52,133	14,146	66,279
41.01	Ultra Sound	16,990	(16,990)	0
41.02	CAT Scan	37,781	(37,781)	0
41.03	Magnetic Resonance Imaging	1,961	(1,961)	0
43.00	Radioisotope	2,250	(2,250)	0
44.00	Laboratory	327,802	84,674	412,476
44.01	Vascular Laboratory	7,026	(7,026)	0
44.02	Pulmonary Function Testing	18,360	(18,360)	0
49.00	Respiratory Therapy	10,782,227	875,898	11,658,125
50.00	Physical Therapy	964,182	115,198	1,079,380
51.00	Occupational Therapy	422,733	59,976	482,709
52.00	Speech Pathology	172,988	22,662	195,650
53.00	Electrocardiology	10,216	(10,216)	0
55.00	Medical Supplies Charged to Patients	4,516,977	221,591	4,738,568
56.00	Drugs Charged to Patients	3,939,835	622,635	4,562,470
59.00	Endoscopy	206	(206)	0
61.00	Emergency	3,302	(3,302)	0
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				0
				0
101.00	TOTAL ANCILLARY CHARGES	\$ 21,277,025	\$ 1,918,632	\$ 23,195,657

(To Adult Subacute Sch 3)

**ALLOCATION OF INDIRECT EXPENSES
ADULT SUBACUTE**

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70026G

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 172,918	N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	18,897	N/A
4.00	New Cap Rel Costs-Movable Equipment	136,649	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	5,241	1,159,743
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	48,610	785,898
7.00	Maintenance and Repairs	0	0
8.00	Operation of Plant	133,545	299,173
9.00	Laundry and Linen Service	7,342	39,265
10.00	Housekeeping	10,356	250,303
11.00	Dietary	29,949	301,672
12.00	Cafeteria	20,826	170,877
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	18,898	486,613
15.00	Central Services & Supply	4,607	18,328
16.00	Pharmacy	0	0
17.00	Medical Records and Library	9,656	159,213
18.00	Social Service	222	3,401
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
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 617,717	\$ 3,674,486

(To Adult Subacute Sch 1)

COMPUTATION OF SUBACUTE PER DIEM

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 40005F

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Subacute Ancillary Cost (Subacute Sch 3-1)	\$ 210,175	\$ 204,668	\$ (5,507)
2. Subacute Routine Cost (Subacute Sch 2-1)	\$ 1,025,225	\$ 999,393	\$ (25,832)
3. Total Subacute Facility Cost (Lines 1 & 2)	\$ 1,235,400	\$ 1,204,061	\$ (31,339)
4. Total Subacute Patient Days (Adj 17)	864	861	(3)
5. Average Subacute Per Diem Cost (L3 / L4)	\$ 1,429.86	\$ 1,398.44	\$ (31.42)

SUBACUTE OVERPAYMENT & OVERBILLINGS

6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0

(To Summary of Findings)

GENERAL INFORMATION

9. Contracted Number of Subacute Beds (Adj 22)	5	9	4
10. Total Licensed Nursing Facility Beds (Adj)	98	98	0
11. Total Licensed Capacity (All levels of care)(Adj 21)	212	231	19
12. Total Medi-Cal Subacute Patient Days (Adj 18)	864	861	(3)

CAPITAL RELATED COST

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Subacute Sch 5-1)	N/A	\$ 58,794	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 58,794	N/A

TOTAL SALARY & BENEFITS

16. Direct Salary & Benefits Expenses	N/A	\$ 270,972	N/A
17. Allocated Salary & Benefits Expenses (Subacute Sch 5-1)	N/A	\$ 215,814	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 486,786	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj)	AUDITED TOTAL DAYS (Adj 17)	AUDITED MEDI-CAL DAYS (Adj 18)
19. Ventilator (Equipment Cost Only)	\$ 0	216	216
20. Nonventilator	N/A	645	N/A
21. TOTAL	N/A	861	N/A

SUMMARY OF SUBACUTE FACILITY EXPENSES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 40005F

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Subacute	\$ 505,678	\$ 505,678	\$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures	17,379	17,379	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	1,072	1,899	827
4.00	New Cap Rel Costs-Movable Equipment	13,681	13,734	53
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	44,317	44,323	6
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	138,677	119,492	(19,185)
7.00	Maintenance and Repairs	0	0	0
8.00	Operation of Plant	77,126	75,475	(1,651)
9.00	Laundry and Linen Service	104,046	101,342	(2,704)
10.00	Housekeeping	37,624	36,642	(982)
11.00	Dietary	12,089	11,785	(304)
12.00	Cafeteria	10,779	10,476	(303)
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	27,617	26,896	(721)
15.00	Central Services & Supply	21,168	20,660	(508)
16.00	Pharmacy	0	0	0
17.00	Medical Records and Library	9,435	9,191	(244)
18.00	Social Service	4,537	4,422	(115)
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
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 1,025,225	\$ 999,393	\$ (25,832)

(To Subacute Sch 1-1)

SCHEDULE OF TOTAL OTHER ALLOWABLE SUBACUTE ANCILLARY COSTS**

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 40005F

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL SUBACUTE ANCILLARY CHARGES ** (From SA Sch 4-1)	SUBACUTE ANCILLARY COSTS***
41.00	Radiology - Diagnostic	\$ 1,444,990	\$ 2,279,824	0.633816	\$ 898	\$ 569
44.00	Laboratory	3,217,913	12,782,982	0.251734	8,631	2,173
49.00	Respiratory Therapy	1,774,981	15,816,349	0.112224	724,180	81,271
50.00	Physical Therapy	704,312	1,760,066	0.400162	30,917	12,372
51.00	Occupational Therapy	372,907	544,251	0.685175	12,129	8,310
52.00	Speech Pathology	158,008	348,654	0.453194	1,482	672
55.00	Med Supply Charged to Patients	2,923,004	12,299,204	0.237658	230,913	54,878
56.00	Drugs Charged to Patients	4,135,190	14,347,515	0.288216	154,129	44,423
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				0.000000	0	0
101.00	TOTAL	\$ 14,731,306	\$ 60,178,845		\$ 1,163,279	\$ 204,668

(To Subacute Sch 1-1)

* From Schedule 8, Column 27
 ** Total Other Allowable Ancillary Charges included in the rate.
 *** Total Other Ancillary Costs included in the rate.

**ADJUSTMENTS TO OTHER ALLOWABLE
SUBACUTE ANCILLARY CHARGES**

**Provider Name:
PACIFICA HOSPITAL OF THE VALLEY**

**Fiscal Period Ended:
DECEMBER 31, 2008**

**Provider No:
LTC 40005F**

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	AUDITED
41.00	Radiology - Diagnostic	\$ 898	\$	\$ 898
44.00	Laboratory	8,631		8,631
49.00	Respiratory Therapy	724,180		724,180
50.00	Physical Therapy	30,917		30,917
51.00	Occupational Therapy	12,129		12,129
52.00	Speech Pathology	1,482		1,482
55.00	Med Supply Charged to Patients	230,913		230,913
56.00	Drugs Charged to Patients	154,129		154,129
				0
				0
				0
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				0
				0
101.00	TOTAL ANCILLARY CHARGES	\$ 1,163,279	\$ 0	\$ 1,163,279

(To Subacute Sch 3-1)

**ALLOCATION OF INDIRECT EXPENSES
SUBACUTE**

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 40005F

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 17,379	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	1,899	N/A
4.00	New Cap Rel Costs-Movable Equipment	13,734	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	199	44,123
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	2,919	47,195
7.00	Maintenance and Repairs	0	0
8.00	Operation of Plant	13,422	30,069
9.00	Laundry and Linen Service	3,283	17,556
10.00	Housekeeping	1,041	25,157
11.00	Dietary	711	7,160
12.00	Cafeteria	831	6,820
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	805	20,719
15.00	Central Services & Supply	2,007	7,984
16.00	Pharmacy	0	0
17.00	Medical Records and Library	341	5,630
18.00	Social Service	222	3,401
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
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 58,794	\$ 215,814

(To Subacute Sch 1-1)

Provider Name: PACIFICA HOSPITAL OF THE VALLEY Fiscal Period Ended: DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10)	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
ANCILLARY COST CENTERS												
37.00 Operating Room	649,462	64,238	0	7,020	50,764	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	1,191,510	24,536	0	2,681	19,390	0	0	0	0	0	0	0
40.00 Anesthesiology	294,683	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	898,823	21,384	0	2,337	16,899	0	0	0	0	0	0	0
41.01 Ultra Sound	214,226	0	0	0	0	0	0	0	0	0	0	0
41.02 CAT Scan	192,786	7,908	0	864	6,249	0	0	0	0	0	0	0
41.03 Magnetic Resonance Imaging (MRI)	86,444	3,700	0	404	2,924	0	0	0	0	0	0	0
43.00 Radioisotope	118,098	1,111	0	121	878	0	0	0	0	0	0	0
44.00 Laboratory	2,214,129	22,276	0	2,434	17,603	0	0	0	0	0	0	0
44.01 Vascular Laboratory	22,205	10,536	0	1,151	8,326	0	0	0	0	0	0	0
44.02 Pulmonary Function Testing	32,942	1,134	0	124	896	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	1,123,022	10,105	0	1,104	7,986	0	0	0	0	0	0	0
50.00 Physical Therapy	390,033	15,096	0	1,650	11,929	0	0	0	0	0	0	0
51.00 Occupational Therapy	178,634	12,640	0	1,381	9,988	0	0	0	0	0	0	0
52.00 Speech Pathology	112,324	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	103,708	4,161	0	455	3,288	0	0	0	0	0	0	0
54.00 Electroencephalography	1,379	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	1,843,373	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	1,633,250	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	205,835	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	0
59.00 Endoscopy	114,445	2,534	0	277	2,003	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	14,936	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	2,353,053	24,348	0	2,661	19,241	0	0	0	0	0	0	0
62.00 Observation Beds (Non - Distinct Part)	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 CENTERS												
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 Marketing	175,915	0	0	0	0	0	0	0	0	0	0	0
100.01 Patient Transportation	24,113	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	61,595,496	1,198,803	0	131,012	947,359	0	0	0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name: PACIFICA HOSPITAL OF THE VALLEY
 Fiscal Period Ended: DECEMBER 31, 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	156,287	0	0	0	0	0	0	0	0	927,771	190,151
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	176,541	0	0	0	0	0	0	0	0	1,414,659	289,941
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	294,683	60,397
41.00 Radiology - Diagnostic	0	98,920	0	0	0	0	0	0	0	0	1,036,363	212,818
41.01 Ultra Sound	0	32,539	0	0	0	0	0	0	0	0	246,765	50,576
41.02 CAT Scan	0	24,757	0	0	0	0	0	0	0	0	232,564	47,665
41.03 Magnetic Resonance Imaging (MRI)	0	12,860	0	0	0	0	0	0	0	0	106,331	21,793
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	120,208	24,637
44.00 Laboratory	0	182,184	0	0	0	0	0	0	0	0	2,438,626	499,809
44.01 Vascular Laboratory	0	3,280	0	0	0	0	0	0	0	0	45,498	9,325
44.02 Pulmonary Function Testing	0	0	0	0	0	0	0	0	0	0	35,096	7,193
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	159,239	0	0	0	0	0	0	0	0	1,301,457	266,740
50.00 Physical Therapy	0	58,683	0	0	0	0	0	0	0	0	477,391	97,844
51.00 Occupational Therapy	0	26,625	0	0	0	0	0	0	0	0	229,269	46,990
52.00 Speech Pathology	0	16,930	0	0	0	0	0	0	0	0	129,254	26,491
53.00 Electrocardiology	0	13,675	0	0	0	0	0	0	0	0	125,287	25,678
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	1,379	283
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,843,373	377,809
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,633,250	334,743
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	205,835	42,187
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Endoscopy	0	14,581	0	0	0	0	0	0	0	0	133,840	27,431
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	2,083	0	0	0	0	0	0	0	0	17,019	3,488
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	323,065	0	0	0	0	0	0	0	0	2,722,369	557,963
62.00 Observation Beds (Non - Distinct Part)	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 Marketing	0	29,889	0	0	0	0	0	0	0	0	205,804	42,181
100.01 Patient Transportation	0	1,966	0	0	0	0	0	0	0	0	26,079	5,345
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	5,749,809	0	0	0	0	0	0	0	0	61,595,496	10,476,995

Provider Name: PACIFICA HOSPITAL OF THE VALLEY
 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	278,972	13,301	135,437	2,553	25,397	0	38,724	15,359	0	40,599	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	106,555	10,723	51,731	0	24,993	0	65,316	3,415	0	9,583	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	1,685	0	2,964	0
41.00 Radiology - Diagnostic	0	92,866	7,526	45,085	0	23,780	0	7,618	2,140	0	14,793	0
41.01 Ultra Sound	0	0	0	0	0	0	0	0	56	0	15,790	0
41.02 CAT Scan	0	34,341	1,491	16,672	0	3,232	0	0	0	0	28,257	0
41.03 Magnetic Resonance Imaging (MRI)	0	16,066	0	7,800	0	6,869	0	126	0	0	2,214	0
43.00 Radiosotope	0	4,823	0	2,342	0	0	0	0	47	0	2,590	0
44.00 Laboratory	0	96,739	0	46,965	0	49,754	0	0	3,076	0	82,944	0
44.01 Vascular Laboratory	0	45,754	0	22,213	0	375	0	0	0	0	2,512	0
44.02 Pulmonary Function Testing	0	4,925	0	2,391	0	0	0	0	0	0	3,700	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	43,886	0	21,306	0	34,459	0	43	4,464	0	102,627	0
50.00 Physical Therapy	0	65,557	291	31,827	0	12,843	0	6,975	166	0	11,420	0
51.00 Occupational Therapy	0	54,891	0	26,649	0	5,050	0	6,469	58	0	3,531	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	2,262	0
53.00 Electrocardiology	0	18,071	0	8,773	0	2,799	0	0	3,565	0	7,952	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	6	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	622,017	0	79,805	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	2,074,101	93,096	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	4,509	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Endoscopy	0	11,005	0	5,343	0	1,732	0	4,503	3,482	0	858	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	635	0	1,644	155	0	10	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	105,740	49,620	51,335	15,234	56,940	0	148,905	13,551	0	101,651	21,003
62.00 Observation Beds (Non - Distinct Part)	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 Marketing	0	0	0	0	0	6,176	0	0	0	0	0	0
100.01 Patient Transportation	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	3,270,700	623,122	1,544,633	1,395,007	979,877	0	1,777,142	768,523	2,074,101	1,154,244	124,357

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name: PACIFICA HOSPITAL OF THE VALLEY
 Fiscal Period Ended: DECEMBER 31, 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											
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	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				16,487,583		16,487,583
26.00 Intensive Care Unit	0				0				0		0
27.00 Coronary Care Unit	0				0				3,470,586		3,470,586
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				1,199,250		1,199,250
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				14,742,866		14,742,866
36.01 Pediatric Subacute	0				0				999,393		999,393
36.02 Transitional Care Unit	0				0				0		0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

	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 ADJUSTMENT	TOTAL COST
TRIAL BALANCE EXPENSES											
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	1,668,265	0	1,668,265
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	1,976,915	0	1,976,915
40.00 Anesthesiology	0	0	0	0	0	0	0	0	359,729	0	359,729
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	1,444,990	0	1,444,990
41.01 Ultra Sound	0	0	0	0	0	0	0	0	313,186	0	313,186
41.02 CAT Scan	0	0	0	0	0	0	0	0	364,222	0	364,222
41.03 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	161,199	0	161,199
43.00 Radioisotope	0	0	0	0	0	0	0	0	154,646	0	154,646
44.00 Laboratory	0	0	0	0	0	0	0	0	3,217,913	0	3,217,913
44.01 Vascular Laboratory	0	0	0	0	0	0	0	0	125,676	0	125,676
44.02 Pulmonary Function Testing	0	0	0	0	0	0	0	0	53,306	0	53,306
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	1,774,981	0	1,774,981
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	704,312	0	704,312
52.00 Speech Pathology	0	0	0	0	0	0	0	0	372,907	0	372,907
53.00 Electrocardiology	0	0	0	0	0	0	0	0	158,008	0	158,008
54.00 Electroencephalography	0	0	0	0	0	0	0	0	192,126	0	192,126
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	1,668	0	1,668
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	2,923,004	0	2,923,004
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	4,135,190	0	4,135,190
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	252,531	0	252,531
59.00 Endoscopy	0	0	0	0	0	0	0	0	188,195	0	188,195
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	22,951	0	22,951
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 (Non - Distinct Part)	0	0	0	0	0	0	0	0	3,844,311	0	3,844,311
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 Marketing	0	0	0	0	0	0	0	0	0	0	0
100.01 Patient Transportation	0	0	0	0	0	0	0	0	254,160	0	254,160
100.02	0	0	0	0	0	0	0	0	31,424	0	31,424
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	61,595,496	0	61,595,496

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	
ANCILLARY COST CENTERS												
37.00	Operating Room	955,479								927,771		
38.00	Recovery Room									0		
39.00	Delivery Room and Labor Room	1,079,309								1,414,659		
40.00	Anesthesiology									294,683		
41.00	Radiology - Diagnostic	604,763								1,038,363		
41.01	Ultra Sound	198,930								246,765		
41.02	CAT Scan	151,355								232,564		
41.03	Magnetic Resonance Imaging (MRI)	78,619								106,331		
43.00	Radioisotope									120,208		
44.00	Laboratory	1,113,805								2,438,626		
44.01	Vascular Laboratory	20,055								45,498		
44.02	Pulmonary Function Testing									35,096		
47.00	Blood Storing and Processing									0		
48.00	Intravenous Therapy									0		
49.00	Respiratory Therapy	973,529								1,301,457		
50.00	Physical Therapy	358,766								477,391		
51.00	Occupational Therapy	162,777								229,269		
52.00	Speech Pathology	103,506								129,254		
53.00	Electrocardiology	83,606								125,287		
54.00	Electroencephalography									1,379		
55.00	Medical Supplies Charged to Patients									1,843,373		
56.00	Drugs Charged to Patients									1,633,250		
57.00	Renal Dialysis									205,835		
58.00	ASC (Non-Distinct Part)									0		
59.00	Endoscopy	88,144								133,840		
59.01										0		
59.02										0		
59.03										0		
60.00	Clinic	12,735								17,019		
60.01	Other Clinic Services									0		
61.00	Emergency	1,975,101								2,722,369		
62.00	Observation Beds (Non - Distinct Part)									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	Marketing	182,729								205,804		
100.01	Patient Transportation	12,020								26,079		
100.02										0		
100.03										0		
100.04										0		
TOTAL												
		35,152,197	0	0	0	0	0	0	0	51,118,501	0	
	COST TO BE ALLOCATED	5,749,809	0	0	0	0	0	0	0	10,476,995	0	
	UNIT COST MULTIPLIER - SCH 8	0.163569	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.204955	0.000000	

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (FTE'S) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS REVENUE) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT (Adj)
GENERAL SERVICE COST CENTERS												
1.00												
2.00												
3.00												
4.00												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00												
6.01												
6.02												
6.03												
6.04												
6.05												
6.06												
6.07												
6.08												
7.00												
8.00												
9.00												
10.00	846											
11.00	1,776											
12.00	3,665	14,674	3,665									
13.00	3,462	4,584	3,462									
14.00	2,029	3,320	2,029									
15.00	3,338	501	3,338		930							
16.00	1,279		1,279		1,066			6,417				
17.00	1,682		1,682		983			36				
18.00	260		260		84							
19.00												
19.02												
19.03												
20.00												
21.00												
22.00												
23.00												
24.00												
25.00	18,762	176,178	18,762	69,388	10,046		194,132	44,018		35,515,803	137	
26.00	4,847	25,335	4,847	2,420	1,713		27,327	17,618		4,821,800	34	
27.00												
28.00												
29.00												
30.00												
31.00												
32.00	1,157	11,152	1,157		502		10,481	12,527		1,489,120		
33.00												
34.00												
35.00	22,108	251,838	22,108	41,040	9,095		174,787	140,540		40,057,251	8	
36.00	2,222	112,601	2,222	974	363		7,442	61,226		1,416,400	8	
36.01												
36.02												

IMPATIENT ROUTINE COST CENTERS

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
 Pediatric Subacute
 Transitional Care Unit

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (FTE'S) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS REVENUE) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT (Adj)
ANCILLARY COST CENTERS												
37.00	8,213	14,779	8,213	211	880		10,715	45,516	16.00	17.00	18.00	19.00
38.00	3,137	11,914	3,137		866		18,073	10,120	16.00	17.00	18.00	(Adj)
39.00								4,995	(Adj)	(Adj)	(Adj)	(Adj)
40.00	2,734	8,362	2,734		824		2,108	6,342	(Adj)	(Adj)	(Adj)	(Adj)
41.00	1,011	1,657	1,011		112		35	165	(Adj)	(Adj)	(Adj)	(Adj)
41.01	473		473		238			139	(Adj)	(Adj)	(Adj)	(Adj)
41.02	142		142					9,116	(Adj)	(Adj)	(Adj)	(Adj)
41.03	2,848		2,848		1,724				(Adj)	(Adj)	(Adj)	(Adj)
43.00	1,347		1,347		13				(Adj)	(Adj)	(Adj)	(Adj)
44.00	145		145						(Adj)	(Adj)	(Adj)	(Adj)
44.01												
44.02												
47.00	1,292		1,292		1,194		12	13,230	15,816,349	12,299,204	14,347,515	
48.00	1,930		1,930		445		1,930	491	1,760,066	12,299,204	14,347,515	
49.00	1,616		1,616		175		1,790	173	544,251	12,299,204	14,347,515	
50.00									348,654	12,299,204	14,347,515	
51.00									1,225,567	12,299,204	14,347,515	
52.00	532		532		97			10,566	912	694,906		
53.00												
54.00												
55.00												
56.00												
57.00												
58.00	324		324		60		1,246	10,320	2,108,949	15,666,053	38	
59.00												
59.01												
59.02												
59.03												
60.00												
60.01												
61.00	3,113	55,133	3,113	1,259	1,973		41,202	40,160	2,108,949	15,666,053	38	
62.00												
62.01												
62.02												
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00												
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00												
100.01												
100.02												
100.03												
100.04												
TOTAL	96,290	692,351	93,668	115,292	33,953	0	491,795	2,277,548	2,108,949	177,886,927	225	0
COST TO BE ALLOCATED	3,270,700	623,122	1,544,633	1,395,007	979,877	0	1,777,142	768,523	2,074,101	1,154,244	124,357	0
UNIT COST MULTIPLIER - SCH 8	33,967,183	0.900008	16,490,514	12,099,777	28,859,817	0.000000	3,614,024	0.337434	0.983476	0.006489	552,697,958	0.000000

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

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							
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							
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 Pediatric Subacute							
36.02 Transitional Care Unit							

TRIAL BALANCE OF EXPENSES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 1,198,803	\$ 0	\$ 1,198,803
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	73,969	57,043	131,012
4.00	New Cap Rel Costs-Movable Equipment	943,660	3,699	947,359
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	5,723,942	0	5,723,942
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	11,336,975	(1,695,388)	9,641,587
7.00	Maintenance and Repairs	0	0	0
8.00	Operation of Plant	1,994,624	0	1,994,624
9.00	Laundry and Linen Service	472,758	0	472,758
10.00	Housekeeping	1,073,684	0	1,073,684
11.00	Dietary	844,077	0	844,077
12.00	Cafeteria	546,418	(3,000)	543,418
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	1,167,596	0	1,167,596
15.00	Central Services & Supply	416,416	0	416,416
16.00	Pharmacy	1,500,866	0	1,500,866
17.00	Medical Records and Library	757,799	0	757,799
18.00	Social Service	75,146	0	75,146
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)	9,332,157	0	9,332,157
26.00	Intensive Care Unit	0	0	0
27.00	Coronary Care Unit	2,090,828	0	2,090,828
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	773,463	0	773,463
34.00	Medicare Certified Nursing Facility	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	8,214,955	0	8,214,955
36.01	Pediatric Subacute	505,678	0	505,678
36.02	Transitional Care Unit	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 649,462	\$ 0	\$ 649,462
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	1,191,510	0	1,191,510
40.00	Anesthesiology	294,683	0	294,683
41.00	Radiology - Diagnostic	898,823	0	898,823
41.01	Ultra Sound	214,226	0	214,226
41.02	CAT Scan	192,786	0	192,786
41.03	Magnetic Resonance Imaging (MRI)	86,444	0	86,444
43.00	Radioisotope	118,098	0	118,098
44.00	Laboratory	2,214,129	0	2,214,129
44.01	Vascular Laboratory	22,205	0	22,205
44.02	Pulmonary Function Testing	32,942	0	32,942
47.00	Blood Storing and Processing	0	0	0
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	1,123,022	0	1,123,022
50.00	Physical Therapy	390,033	0	390,033
51.00	Occupational Therapy	178,634	0	178,634
52.00	Speech Pathology	112,324	0	112,324
53.00	Electrocardiology	103,708	0	103,708
54.00	Electroencephalography	1,379	0	1,379
55.00	Medical Supplies Charged to Patients	1,843,373	0	1,843,373
56.00	Drugs Charged to Patients	1,633,250	0	1,633,250
57.00	Renal Dialysis	205,835	0	205,835
58.00	ASC (Non-Distinct Part)	0	0	0
59.00	Endoscopy	114,445	0	114,445
59.01		0	0	0
59.02		0	0	0
59.03		0	0	0
60.00	Clinic	14,936	0	14,936
60.01	Other Clinic Services	0	0	0
61.00	Emergency	2,353,053	0	2,353,053
62.00	Observation Beds (Non - Distinct Part)	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	\$ 63,033,114	\$ (1,637,646)	\$ 61,395,468
	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	Marketing	175,915	0	175,915
100.01	Patient Transportation	24,113	0	24,113
100.02		0	0	0
100.03		0	0	0
100.04		0	0	0
100.99	SUBTOTAL	\$ 200,028	\$ 0	\$ 200,028
101	TOTAL	\$ 63,233,142	\$ (1,637,646)	\$ 61,595,496

(To Schedule 8)

Provider Name:

PACIFICA HOSPITAL OF THE VALLEY

Fiscal Period Ended:

DECEMBER 31, 2008

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GENERAL SERVICE COST CENTER

- 1.00 Old Cap Rel Costs-Bldg & Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg & Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08

- 5.00 Employee Benefits
- 6.01 Non-Patient Telephones
- 6.02 Data Processing
- 6.03 Purchasing/Receiving
- 6.04 Patient Admitting
- 6.05 Patient Business Office
- 6.06
- 6.07
- 6.08

- 6.00 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00

- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes
- 23.00 Intern & Res Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

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

Provider Name		Fiscal Period		Provider Number		Adjustments		
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30378H		22		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1			<p><u>MEMORANDUM ADJUSTMENTS</u></p> <p>Adult Subacute cost and statistics reported in the cost report on Subprovider, line 31 have been reclassified to Adult Subacute Care Unit, line 36. This is done in accordance with CMS Pub. 15-2, Section 3610.</p>					
2			<p>Pediatric Subacute cost and statistics reported in the cost report on Pediatric Subacute, line 31.01 have been reclassified to Pediatric Subacute Care Unit, line 36.01. This is done in accordance with CMS Pub. 15-2, Section 3610.</p>					

Provider Name		Fiscal Period		Provider Number		Adjustments		
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30378H		22		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
3	10A	A	12.00	7	Cafeteria	\$546,418	(\$3,000)	\$543,418
To abate cafeteria revenue against the related costs.								
42 CFR 413.5 and 413.9								
CMS Pub. 15-1, Sections 2302.5 and 2328								
CMS Pub. 15-2, Section 3613								
4	10A	A	3.00	7	New Capital Related Costs-Building and Fixtures	\$73,969	\$57,043	\$131,012
	10A	A	4.00	7	New Capital Related Costs-Movable Equipment	943,660	3,699	947,359
	10A	A	6.00	7	Administrative and General	11,336,975	(1,695,388)	9,641,587
To adjust reported home office costs to agree with the filed								
Envision Hospital Corporation Home Office Cost Report for fiscal								
period ended December 31, 2008.								
42 CFR 413.17 and 413.24								
CMS Pub. 15-1, Sections 2150.2 and 2304								

Provider Name		Fiscal Period				Provider Number		Adjustments	
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC 30378H		22	
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									
5	4A	Not Reported				0	40	40	
	4A	Not Reported				\$0.00	\$318.19	\$318.19	
6	2	Not Reported				\$0	\$149,912	\$149,912	
7	1	Not Reported				\$0	\$12,728	\$12,728	
<p>Medi-Cal Administrative Days (January 1, 2008 through March 31, 2008)</p> <p>Medi-Cal Administrative Day Rate (January 1, 2008 through March 31, 2008)</p> <p>Medi-Cal Routine Services Charges</p> <p>Medi-Cal Interim Payments</p> <p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: September 28, 2009 Payment Period: January 1, 2008 through September 28, 2009 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		
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30378H		22		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT								
8	Contract 4	D-1	I	XIX	9.00	1	11,382	3,772
	Contract 4A	D-1	II	XIX	42.00	4	1,745	1,708
	Contract 4A	D-1	II	XIX	44.00	4	545	482
9	Contract 6	D-4	XIX	XIX	37.00	2	\$1,349,348	\$955,542
	Contract 6	D-4	XIX	XIX	39.00	2	718,137	703,578
	Contract 6	D-4	XIX	XIX	40.00	2	121,153	109,058
	Contract 6	D-4	XIX	XIX	41.00	2	320,481	239,498
	Contract 6	D-4	XIX	XIX	41.01	2	330,786	287,097
	Contract 6	D-4	XIX	XIX	41.02	2	427,210	326,974
	Contract 6	D-4	XIX	XIX	41.03	2	56,706	26,489
	Contract 6	D-4	XIX	XIX	43.00	2	26,459	16,156
	Contract 6	D-4	XIX	XIX	44.00	2	2,854,890	2,162,227
	Contract 6	D-4	XIX	XIX	44.01	2	86,664	163,233
	Contract 6	D-4	XIX	XIX	44.02	2	171,726	173,121
	Contract 6	D-4	XIX	XIX	49.00	2	1,354,557	686,145
	Contract 6	D-4	XIX	XIX	50.00	2	154,661	84,065
	Contract 6	D-4	XIX	XIX	51.00	2	18,059	5,428
	Contract 6	D-4	XIX	XIX	52.00	2	72,024	11,018
	Contract 6	D-4	XIX	XIX	53.00	2	287,484	188,963
	Contract 6	D-4	XIX	XIX	55.00	2	2,171,069	2,385,229
	Contract 6	D-4	XIX	XIX	56.00	2	3,260,233	2,259,267
	Contract 6	D-4	XIX	XIX	57.00	2	366,278	179,548
	Contract 6	D-4	XIX	XIX	59.00	2	24,921	16,177
	Contract 6	D-4	XIX	XIX	61.00	2	1,582,645	976,772
	Contract 6	D-4	XIX	XIX	101.00	2	15,755,795	11,955,889
10	Contract 2	E-3	III	XIX	10.00	1	\$22,432,200	\$8,101,015
	Contract 2	E-3	III	XIX	11.00	1	15,755,795	11,955,889

-Continued on next page-

Provider Name		Fiscal Period				Provider Number		Adjustments		
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC 30378H		22		
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 - CONTRACT

-Continued from previous page-
 11 Contract 3 E-3
 Contract 3 E-3

III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$9,475
III	XIX	36.00	1	Medi-Cal Coinsurance	0	73,019

To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:

- Report Date: September 28, 2009
- Payment Period: January 1, 2008 through September 28, 2009
- 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		
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30378H		22		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - ADULT SUBACUTE								
12	Adult Subacute 4	D-4	XIX	37.00	2	\$56	(\$56)	\$0
	Adult Subacute 4	D-4	XIX	41.01	2	16,990	(16,990)	0
	Adult Subacute 4	D-4	XIX	41.02	2	37,781	(37,781)	0
	Adult Subacute 4	D-4	XIX	41.03	2	1,961	(1,961)	0
	Adult Subacute 4	D-4	XIX	43.00	2	2,250	(2,250)	0
	Adult Subacute 4	D-4	XIX	44.01	2	7,026	(7,026)	0
	Adult Subacute 4	D-4	XIX	44.02	2	18,360	(18,360)	0
	Adult Subacute 4	D-4	XIX	53.00	2	10,216	(10,216)	0
	Adult Subacute 4	D-4	XIX	59.00	2	206	(206)	0
	Adult Subacute 4	D-4	XIX	61.00	2	3,302	(3,302)	0
	Adult Subacute 4	D-4	XIX	101.00	2	21,277,025	(98,148)	21,178,877 *
To eliminate Adult Subacute charges that are not included in the Subacute per diem rate. CCR, Title 22, Section 51511.5(d) CMS Pub. 15-1, Section 2304								
13	Adult Subacute 4	D-4	XIX	41.00	2	\$52,133	\$14,146	\$66,279
	Adult Subacute 4	D-4	XIX	44.00	2	327,802	84,674	412,476
	Adult Subacute 4	D-4	XIX	49.00	2	10,782,227	875,898	11,658,125
	Adult Subacute 4	D-4	XIX	50.00	2	964,182	115,198	1,079,380
	Adult Subacute 4	D-4	XIX	51.00	2	422,733	59,976	482,709
	Adult Subacute 4	D-4	XIX	52.00	2	172,988	22,662	195,650
	Adult Subacute 4	D-4	XIX	55.00	2	4,516,977	221,591	4,738,568
	Adult Subacute 4	D-4	XIX	56.00	2	3,939,835	622,635	4,562,470
	Adult Subacute 4	D-4	XIX	101.00	2	21,178,877	2,016,780	23,195,657
To adjust reported ancillary charges to total Adult Subacute charges to determine the cost of services. CCR, Title 22, Section 51511.5(d) CMS Pub. 15-1, Section 2304								

Provider Name		Fiscal Period			Provider Number		Adjustments	
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			HSC 30378H		22	
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 - ADULT SUBACUTE								
14	Adult Subacute 1	Not Reported				0	3,504	3,504
	Adult Subacute 1	Not Reported				0	24,005	24,005
To reflect the number of ventilator and nonventilator patient days on the audit report. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304								
15	Adult Subacute 1	Not Reported				0	3,279	3,279
	Adult Subacute 1	D-1	I	XIX	9.00	1	(389)	25,740
Medi-Cal Adult Subacute Days - Ventilator Total Medi-Cal Subacute Patient Days To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: September 28, 2009 Payment Period: January 1, 2008 through September 28, 2009 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								
16	Adult Subacute 1	Not Reported				\$0	\$120,349	\$120,349
Ventilator Equipment Costs - Adult Subacute Care Unit To include ventilator equipment expense on Adult Subacute Schedule 1. 42 CFR 413.24 / CMS Pub. 15-1, Section 2304 Subacute Contract dated: January 31, 2007								

Provider Name		Fiscal Period			Provider Number		Adjustments	
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			HSC 30378H		22	
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
17	Ped Sub 1-1	Not Reported				0	216	216
	Ped Sub 1-1	Not Reported				0	645	645
	Ped Sub 1-1	D-1	I	XIX	1.00	1	864	861
To adjust total Pediatric Subacute days and to reflect the number of ventilator and nonventilator patient days on the audit report. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304								
18	Ped Sub 1-1	Not Reported				0	216	216
	Ped Sub 1-1	D-1	I	XIX	9.00	1	864	861
Medi-Cal Pediatric Subacute Days - Ventilator Total Medi-Cal Subacute Patient Days To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: October 19, 2009 Payment Period: January 1, 2008 through October 19, 2009 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		
PACIFICA HOSPITAL OF THE VALLEY		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC 30378H		22		
Report References		Explanation of Audit Adjustments								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line					Col.
19	Adult Subacute 1	S-3	I	25.00	1	212	19	231		
				Total Licensed Capacity (All Levels) To adjust total licensed capacity to agree with the State License and to incorporate the information on the Adult Subacute audit report. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304						
20	Adult Subacute 1	S-3	I	14.00	1	93	(4)	89		
				Contracted Number of Subacute Beds To adjust the contracted number of Adult Subacute beds to agree with the Subacute contract and to incorporate the information into the Adult Subacute audit report. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304						
21	Ped Sub 1-1	S-3	I	25.00	1	212	19	231		
				Total Licensed Capacity (All Levels) To adjust total licensed capacity to agree with the State License and to incorporate the information on the Pediatric Subacute audit report. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304						
22	Ped Sub 1-1	S-3	I	14.01	1	5	4	9		
				Contracted Number of Subacute Beds To adjust the contracted number of Pediatric Subacute beds to agree with the Subacute contract and to incorporate the information into the Pediatric Subacute audit report. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304						