

**REPORT  
ON THE  
COST REPORT REVIEW  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES  
SIMI VALLEY, CALIFORNIA  
PROVIDER NUMBERS: ZYT 30236F, LTC 55293F,  
LTC 70141F, NPI 1063495190 AND NPI 1831172212  
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: Debra K. Blake  
Auditor: Lee Ly**



DAVID MAXWELL-JOLLY  
*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

April 30, 2010

Administrator  
Simi Valley Hospital and Health Care Services  
2975 Sycamore Drive  
Simi Valley, CA 93065

PROVIDER: SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES  
PROVIDER NOS. ZZT 30236F / NPI 1063495190  
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 settlement for the fiscal period due the Provider in the amount of \$410,522 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
4. Computation of Subacute Per Diem (ADULT SUBACUTE Schedules)
5. 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) 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.

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.

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:**  
**SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES**

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

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider No. ZZT 30236F</b>	Reported	\$ 890,945	
	Net Change	\$ <u>(480,423)</u>	
	Audited Amount Due Provider (State)	\$ 410,522	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider No.</b>	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider No. LTC 55293F</b>	Reported		\$ 504.02
	Net Change		\$ <u>139.94</u>
	Audited Cost Per Day		\$ 643.96
	Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider No.</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider No. LTC 70141F</b>	Reported		\$ 877.67
	Net Change		\$ <u>9.78</u>
	Audited Cost Per Day		\$ 887.45
	Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>		\$ 410,522	
<b>9. Total Medi-Cal Cost</b>			\$ 0

**SUMMARY OF FINDINGS**

**Provider Name:**  
**SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES**

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

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider (State) - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ 410,522	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT 30236F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>3,677,965</u>	\$ <u>3,483,476</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>0</u>
4. Amounts Applicable to Prior Cost Reporting (Adj 13)	\$ <u>2,894</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>3,680,859</u>	\$ <u>3,483,476</u>
6. Interim Payments (Adj 12)	\$ <u>(2,789,914)</u>	\$ <u>(2,562,797)</u>
7. Balance Due Provider (State)	\$ <u>890,945</u>	\$ <u>920,679</u>
8. Duplicate Payments (Adj )	\$ <u>0</u>	\$ <u>0</u>
9. Total Noncontract AB 5 and AB1183 Reductions (Schedule A)	\$ <u>0</u>	\$ <u>(510,157)</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>890,945</u></u>	\$ <u><u>410,522</u></u>
	(To Summary of Findings)	

STATE OF CALIFORNIA

SCHEDULE A  
PROGRAM: NONCONTRACT

COMPUTATION OF MEDICAL REIMBURSEMENT SETTLEMENT  
AB 5 AND AB 1183  
SUMMARY OF REDUCTIONS

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT 30236F

1.	10% Reduction for Noncontract Services from 07/01/08 - 09/30/08 (AB 5 Schedule A-1)	\$	<u>88,838</u>
2.	Reduction for Noncontract Services from 10/01/08 - 04/05/09 (AB 1183 Schedule A-2)		<u>421,319</u>
3.	10% Reduction for Noncontract Services from 04/06/09 - MM/DD/YY (AB 5 Schedule A-3)		<u>0</u>
4.	10% Reduction for HFPAs from 07/01/08 - MM/DD/YY (AB 5 Schedule A-4)		<u>0</u>
5.	10% Reduction for Rural Health Hospitals from 07/01/08 - 10/31/08 (AB 5 Schedule A-5)		<u>0</u>
6.	Total Noncontract AB 5 and AB 1183 Reductions	\$	<u><u>510,157</u></u> (To Schedule 1, Ln 9)

STATE OF CALIFORNIA

SCHEDULE A-1  
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT  
NONCONTRACT HOSPITALS

AB 5

10% REDUCTION FOR SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT 30236F

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$	<u>3,555,547</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)		<u>4,620</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$	<u><u>3,550,927</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)		<u><u>1,375</u></u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$	<u><u>2,582.49</u></u>

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

6. Audited Medi-Cal Days of Service from 07/1/08 - 09/30/08 (excludes Administrative Days)		<u>344</u>
7. Audited Medi-Cal Cost Per Day for 07/01/08 - 09/30/08 (Line 5 X Line 6)	\$	<u>888,377</u>
8. 10% Cost Reduction for 07/01/08 - 09/30/08 (Line 7 X 10%)	\$	<u><u>88,838</u></u> (To Schedule A, Ln 1)



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

**Provider Name:**  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

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

**Provider No.**  
ZZT 30236F

**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>3,555,547</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>4,620</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$ <u><u>3,550,927</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)	<u>1,375</u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$ <u><u>2,582.49</u></u>

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

6. Audited Medi-Cal Days of Service from 10/01/08 - 04/05/09 (excludes Administrative Days)	<u>309</u>
7. Audited Medi-Cal Cost for 10/01/08 - 04/05/09 (Line 5 X Line 6)	\$ <u><u>797,990</u></u>
8. Audited Medi-Cal Cost for 10/01/08 - 04/05/09 with 10% Reduction (Line 7 X 90%)	\$ <u><u>718,191</u></u>

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

9. Regional Average Per Diem Contract Rate Reduced to 95%	\$ <u>1,219</u>
10. Audited Medi-Cal Days of Service from 10/01/08 - 04/05/09 (excludes Administrative Days)	<u>309</u>
11. Audited Medi-Cost Using the Regional Avg per Diem Contract Rate at 95% (Ln 9 X Ln 10)	\$ <u><u>376,671</u></u>

**Reduction For 10/01/08 Through 04/05/09**

12. If Line 8 is less than Line 11, then the reduction is Line 7 X 10%	\$ <u><u>0</u></u> (To Schedule A, Ln 2)
13. If Line 11 is less than Line 8, then the reduction is Line 7 less Line 11	\$ <u><u>421,319</u></u> (To Schedule A, Ln 2)

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

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT 30236F

REPORTED	AUDITED
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## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>3,735,458</u>	\$ <u>3,555,547</u>
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## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 10)	\$ <u>4,793,617</u>	\$ <u>4,528,312</u>
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3. Inpatient Ancillary Service Charges (Adj 10)	\$ <u>8,020,387</u>	\$ <u>7,601,960</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>12,814,004</u>	\$ <u>12,130,272</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>9,078,546</u>	\$ <u>8,574,725</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT 30236F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 1,788,555	\$ 1,723,769
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 1,946,903	\$ 1,831,778
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)	\$ 3,735,458	\$ 3,555,547
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0	\$ 0
8. SUBTOTAL	\$ 3,735,458	\$ 3,555,547
	(To Schedule 2)	
9. Coinsurance (Adj 11)	\$ (54,324)	\$ (62,858)
10. Patient and Third Party Liability (Adj 11)	\$ (3,169)	\$ (9,213)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 3,677,965	\$ 3,483,476
	(To Schedule 1)	

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICESFiscal Period Ended:  
DECEMBER 31, 2008Provider No.  
ZZT 30236F

## 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 )	17,255	17,255
2. Inpatient Days (include private, exclude swing-bed)	17,255	17,255
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	17,255	17,255
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 7)	1,003	966

## 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)	\$ 19,962,055	\$ 19,674,905
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)	\$ 19,962,055	\$ 19,674,905

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 53,070,581	\$ 53,070,581
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 53,070,581	\$ 53,070,581
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.376142	\$ 0.370731
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 3,075.66	\$ 3,075.66
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)	\$ 19,962,055	\$ 19,674,905

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,156.89	\$ 1,140.24
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,160,361	\$ 1,101,472
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 786,542	\$ 730,306
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,946,903	\$ 1,831,778

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

**Provider Name:**  
**SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES**

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

**Provider No.**  
**ZZT 30236F**

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,490,598	\$ 1,502,307
2. Total Inpatient Days (Adj )	1,124	1,124
3. Average Per Diem Cost	\$ 1,326.15	\$ 1,336.57
4. Medi-Cal Inpatient Days (Adj )	107	107
5. Cost Applicable to Medi-Cal	\$ 141,898	\$ 143,013
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 7,333,797	\$ 7,287,284
7. Total Inpatient Days (Adj )	3,777	3,777
8. Average Per Diem Cost	\$ 1,941.70	\$ 1,929.38
9. Medi-Cal Inpatient Days (Adj 7)	332	302
10. Cost Applicable to Medi-Cal	\$ 644,644	\$ 582,673
<b>CORONARY CARE UNIT</b>		
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
<b>NEONATAL INTENSIVE CARE UNIT</b>		
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
<b>SURGICAL INTENSIVE CARE UNIT</b>		
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
<b>ADMINISTRATIVE DAYS (January 1, 2008 through February 29, 2008)</b>		
26. Per Diem Rate (Adj 8)	\$ 0.00	\$ 318.19
27. Medi-Cal Inpatient Days (Adj 8)	0	9
28. Cost Applicable to Medi-Cal	\$ 0	\$ 2,864
<b>ADMINISTRATIVE DAYS (December 1, 2008 through December 31, 2008)</b>		
29. Per Diem Rate (Adj 8)	\$ 0.00	\$ 351.26
30. Medi-Cal Inpatient Days (Adj 8)	0	5
31. Cost Applicable to Medi-Cal	\$ 0	\$ 1,756
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 786,542	\$ 730,306

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

**Provider Name:**  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

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

**Provider No.**  
ZZT 30236F

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)







**COMPUTATION OF PROFESSIONAL  
COMPONENT OF HOSPITAL BASED  
PHYSICIAN'S REMUNERATION**

**Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES**

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

**Provider No:  
ZZT 30236F**

	<b>PROFESSIONAL SERVICE COST CENTERS</b>	<b>HBP REMUNERATION (Adj)</b>	<b>TOTAL CHARGES TO ALL PATIENTS (Adj)</b>	<b>RATIO OF REMUNERATION TO CHARGES</b>	<b>MEDI-CAL CHARGES (Adj)</b>	<b>MEDI-CAL COST</b>
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
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		0	0	0.000000		0
	<b>TOTAL</b>	\$ 0	\$ 0		\$ 0	\$ 0

(To Schedule 3)

**COMPUTATION OF  
DISTINCT PART NURSING FACILITY PER DIEM**

**Provider Name:**  
**SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES**

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

**Provider No:**  
**LTC 55293F**

	<b>REPORTED</b>	<b>AUDITED</b>	<b>DIFFERENCE</b>
<b>COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM</b>			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 697,580	\$ 697,580
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 2,564,433	\$ 2,578,911	\$ 14,478
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 2,564,433	\$ 3,276,491	\$ 712,058
4. Total Distinct Part Patient Days (Adj )	5,088	5,088	0
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 504.02	\$ 643.96	\$ 139.94
<b>DPNF OVERPAYMENT AND OVERBILLINGS</b>			
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)		
<b>GENERAL INFORMATION</b>			
9. Total Available Distinct Part Beds (Adj 20)	34	28	(6)
10. Total Licensed Capacity (All levels) (Adj 23)	168	201	33
11. Total Medi-Cal DP Patient Days (Adj )	0	0	0
<b>CAPITAL RELATED COST</b>			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 166,754	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 166,754	N/A
<b>TOTAL SALARY &amp; BENEFITS</b>			
15. Direct Salary & Benefits Expenses	N/A	\$ 999,093	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 360,253	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 1,359,346	N/A

## SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
LTC 55293F

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 1,442,524	\$ 1,442,524	\$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures	43,831	43,861	30
2.00	Old Cap Rel Costs-Movable Equipment	7,808	7,815	7
3.00	New Cap Rel Costs-Bldg & Fixtures	43,194	43,052	(142)
4.00	New Cap Rel Costs-Movable Equipment	20,637	20,728	91
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	18,403	40,670	22,267
6.01	Non-Patient Telephones	32,766	32,997	231
6.02	Data Processing	43,166	19,138	(24,028)
6.03	Purchasing	508	490	(18)
6.04	Admitting	42,545	34,186	(8,359)
6.05	Patient Accounting	35,842	34,350	(1,492)
6.07			0	0
6.08			0	0
6.09			0	0
6.06	Other Administration and General	197,467	235,918	38,451
7.00	Maintenance and Repairs	98,460	88,224	(10,236)
8.00	Operation of Plant	49,913	50,583	670
9.00	Laundry and Linen Service	42,628	43,307	679
10.00	Housekeeping	48,803	48,618	(185)
11.00	Dietary	234,146	235,064	918
12.00	Cafeteria	20,577	20,874	297
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	0	0	0
15.00	Central Services & Supply	7,228	7,193	(35)
16.00	Pharmacy	498	487	(11)
17.00	Medical Records and Library	81,384	80,459	(925)
18.00	Social Service	52,105	48,374	(3,731)
19.00			0	0
19.02			0	0
19.03			0	0
20.00			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	\$ 2,564,433	\$ 2,578,911	\$ 14,478

(To DPNF Sch 1)

\* From Schedule 8, Part I, line 34 plus line 35.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 55293F

Table with 5 columns: Ancillary Cost Centers, Total Ancillary Cost \*, Total Ancillary Charges (Noncontract 5), Ratio Cost to Charges, Total DP Ancillary Charges \*\*, and Total Ancillary Cost\*\*\*. Rows include Operating Room, Radiology - Diagnostic, CT Scan, Ultrasound, Radioisotope, MRI, Laboratory, Respiratory Therapy, Physical Therapy, Occupational Therapy, Speech Pathology, Electrocardiology, Electroencephalography, Medical Supplies Charged to Patients, Drugs Charged to Patients, and a TOTAL row.

(To DPNF Sch 1)

\* From Schedule 8, Column 27.
\*\* Total Distinct Part Ancillary Charges included in the rate.
\*\*\* Total Distinct Part Ancillary Costs included in the rate.

ADJUSTMENTS TO TOTAL
DISTINCT PART ANCILLARY CHARGES

Provider Name:
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 55293F

Table with 4 columns: ANCILLARY CHARGES, REPORTED, ADJUSTMENTS (Adj 14), and AUDITED. Rows include categories like Operating Room, Radiology - Diagnostic, CT Scan, Ultrasound, Radioisotope, MRI, Laboratory, Respiratory Therapy, Physical Therapy, Occupational Therapy, Speech Pathology, Electrocardiology, Electroencephalography, Medical Supplies Charged to Patients, and Drugs Charged to Patients, ending with a TOTAL DP ANCILLARY CHARGES row.

(To DPNF Sch 3)

**ALLOCATION OF INDIRECT EXPENSES  
DISTINCT PART NURSING FACILITY**

**Provider Name:**  
**SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES**

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

**Provider No:**  
**LTC 55293F**

<b>COL.</b>	<b>COST CENTER</b>	<b>AUDITED CAP RELATED * (COL 1)</b>	<b>AUDITED SAL &amp; EMP BENEFITS * (COL 2)</b>
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 43,861	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	7,815	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	43,052	N/A
4.00	New Cap Rel Costs-Movable Equipment	20,728	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	438	40,232
6.01	Non-Patient Telephones	2,710	10,808
6.02	Data Processing	173	11,097
6.03	Purchasing	27	215
6.04	Admitting	490	31,686
6.05	Patient Accounting	781	15,392
6.07		0	0
6.08		0	0
6.09		0	0
6.06	Other Administration and General	8,618	80,431
7.00	Maintenance and Repairs	832	22,676
8.00	Operation of Plant	3,732	2,782
9.00	Laundry and Linen Service	1,978	2,298
10.00	Housekeeping	1,247	2,674
11.00	Dietary	20,695	82,270
12.00	Cafeteria	2,476	7,199
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	0	0
15.00	Central Services & Supply	1,019	2,908
16.00	Pharmacy	14	328
17.00	Medical Records and Library	3,021	24,938
18.00	Social Service	3,047	22,320
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	<b>TOTAL ALLOCATED INDIRECT EXPENSES</b>	<b>\$ 166,754</b>	<b>\$ 360,253</b>

\* These amounts include both Skilled Nursing Facility expenses, line 34 and Nursing Facility expenses, line 35.

(To DPNF SCH 1)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
LTC 70141F

	REPORTED	AUDITED	DIFFERENCE
<b>COMPUTATION OF SUBACUTE PER DIEM</b>			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 484,598	\$ 502,464	\$ 17,866
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 1,340,954	\$ 1,343,429	\$ 2,475
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 1,825,552	\$ 1,845,893	\$ 20,341
4. Total Adult Subacute Patient Days (Adj )	2,080	2,080	0
5. Average Adult Subacute Per Diem Cost (L3 / L4)	\$ 877.67	\$ 887.45	\$ 9.78

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 21)	0	16	16
10. Total Licensed Nursing Facility Beds (Adj 22)	46	44	(2)
11. Total Licensed Capacity (All levels of care)(Adj 23)	168	201	33
12. Total Medi-Cal Adult Subacute Patient Days (Adj 15)	2,069	881	(1,188)

CAPITAL RELATED COST

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 68,571	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 68,571	N/A

TOTAL SALARY & BENEFITS

16. Direct Salary & Benefits Expenses	N/A	\$ 575,925	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 195,012	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 770,937	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj 17)	AUDITED TOTAL DAYS (Adj 16)	AUDITED MEDI-CAL DAYS (Adj 15)
19. Ventilator (Equipment Cost Only)	\$ 3,531	359	152
20. Nonventilator	N/A	1,721	N/A
21. TOTAL	N/A	2,080	N/A

## SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
LTC 70141F

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 779,592	\$ 779,592	\$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures	15,383	15,394	11
2.00	Old Cap Rel Costs-Movable Equipment	2,740	2,743	3
3.00	New Cap Rel Costs-Bldg & Fixtures	15,160	15,110	(50)
4.00	New Cap Rel Costs-Movable Equipment	7,243	7,275	32
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	10,609	23,444	12,835
6.01	Non-Patient Telephones	9,466	9,532	66
6.02	Data Processing	36,999	16,404	(20,595)
6.03	Purchasing	125	121	(4)
6.04	Admitting	21,691	17,429	(4,262)
6.05	Patient Accounting	18,274	17,513	(761)
6.07			0	0
6.08			0	0
6.09			0	0
6.06	Other Administration and General	104,627	124,084	19,457
7.00	Maintenance and Repairs	34,556	30,964	(3,592)
8.00	Operation of Plant	17,518	17,753	235
9.00	Laundry and Linen Service	17,411	17,689	278
10.00	Housekeeping	17,129	17,063	(66)
11.00	Dietary	160,960	161,591	631
12.00	Cafeteria	12,573	12,754	181
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	0	0	0
15.00	Central Services & Supply	4,339	4,317	(22)
16.00	Pharmacy	0	0	0
17.00	Medical Records and Library	33,258	32,880	(378)
18.00	Social Service	21,301	19,776	(1,525)
19.00			0	0
19.02			0	0
19.03			0	0
20.00			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	\$ 1,340,954	\$ 1,343,429	\$ 2,475

(To Adult Subacute Sch 1)

\* From Schedule 8, Part I, Line 36.00



SCHEDULE OF TOTAL OTHER ALLOWABLE ADULT SUBACUTE ANCILLARY COSTS\*\*

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
LTC 70141F

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Noncontract 5)	RATIO COST TO CHARGES	TOTAL SUBACUTE ANCILLARY CHARGES ** (Adult SA Sch 4)	SUBACUTE ANCILLARY COSTS***
37.00	Operating Room	\$ 4,665,489	\$ 36,059,759	0.129382	\$ 0	\$ 0
41.00	Radiology - Diagnostic	3,389,267	12,335,534	0.274756	22,060	6,061
41.01	CT Scan	805,205	24,886,150	0.032356	8,383	271
41.02	Ultrasound	478,703	3,799,068	0.126005	4,594	579
44.00	Laboratory	6,388,665	46,002,782	0.138876	207,962	28,881
49.00	Respiratory Therapy	2,102,830	11,223,129	0.187366	1,156,868	216,757
50.00	Physical Therapy	1,411,933	2,199,383	0.641968	27,926	17,928
51.00	Occupational Therapy	966,482	821,074	1.177095	10,752	12,656
52.00	Speech Pathology	202,956	472,793	0.429271	23,309	10,006
55.00	Medical Supplies Charged to Patients	6,790,767	6,499,763	1.044771	79,978	83,559
56.00	Drugs Charged to Patients	5,819,527	32,240,847	0.180502	696,760	125,766
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101.00	TOTAL	\$ 33,021,825	\$ 176,540,282		\$ 2,238,592	\$ 502,464

(To Adult Subacute Sch

\* 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:**  
**SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES**

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

**Provider No:**  
**LTC 70141F**

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 18 & 19)	AUDITED
37.00	Operating Room	\$ 7,845	\$ (7,845)	\$ 0
41.00	Radiology - Diagnostic	15,110	6,950	22,060
41.01	CT Scan	4,559	3,824	8,383
41.02	Ultrasound	2,775	1,819	4,594
44.00	Laboratory	184,629	23,333	207,962
49.00	Respiratory Therapy	1,139,980	16,888	1,156,868
50.00	Physical Therapy	14,758	13,168	27,926
51.00	Occupational Therapy	3,696	7,056	10,752
52.00	Speech Pathology	13,439	9,870	23,309
55.00	Medical Supplies Charged to Patients	91,276	(11,298)	79,978
56.00	Drugs Charged to Patients	714,485	(17,725)	696,760
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101.00	TOTAL ANCILLARY CHARGES	\$ 2,192,552	\$ 46,040	\$ 2,238,592

(To Adult Subacute Sch 3)

**ALLOCATION OF INDIRECT EXPENSES  
ADULT SUBACUTE**

**Provider Name:**  
**SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES**

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

**Provider No:**  
**LTC 70141F**

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 15,394	N/A
2.00	Old Cap Rel Costs-Movable Equipment	2,743	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	15,110	N/A
4.00	New Cap Rel Costs-Movable Equipment	7,275	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	252	23,192
6.01	Non-Patient Telephones	783	3,122
6.02	Data Processing	148	9,512
6.03	Purchasing	7	53
6.04	Admitting	250	16,155
6.05	Patient Accounting	398	7,848
6.07		0	0
6.08		0	0
6.09		0	0
6.06	Other Administration and General	4,533	42,304
7.00	Maintenance and Repairs	292	7,959
8.00	Operation of Plant	1,310	976
9.00	Laundry and Linen Service	808	939
10.00	Housekeeping	438	938
11.00	Dietary	14,227	56,555
12.00	Cafeteria	1,513	4,398
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	0	0
15.00	Central Services & Supply	611	1,746
16.00	Pharmacy	0	0
17.00	Medical Records and Library	1,235	10,191
18.00	Social Service	1,246	9,124
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	\$ 68,571	\$ 195,012

(To Adult Subacute Sch 1)





STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE

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 6.07	ALLOC COST 6.08	ALLOC COST 6.09	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.06
<b>GENERAL SERVICE COST CENTER</b>													
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		6,832										
6.01	Non-Patient Telephones		24,143										
6.02	Data Processing		8,799										
6.03	Purchasing		9,532	19,138									
6.04	Admitting		16,132	51,945									
6.05	Patient Accounting		22,731	84,752	1,495								
6.07			0	0	538								
6.08			0	0	0								
6.09			0	0	0								
7.00	Other Administration and General		137,764	58,661	92,954	12,536						10,557,066	
8.00	Maintenance and Repairs		31,679	3,666	10,936	9,490						3,344,994	458,855
9.00	Operation of Plant		0	15,398	0	0						1,634,622	224,232
10.00	Laundry and Linen Service		0	733	0	5,409						418,125	57,357
11.00	Housekeeping		0	2,933	27,339	3,117						1,496,760	205,320
12.00	Dietary		18,517	7,333	16,404	1,029						1,261,349	173,028
13.00	Cafeteria		7,405	0	0	467						481,835	66,096
14.00	Maintenance of Personnel		0	0	0	0						0	0
15.00	Nursing Administration		91,602	19,065	68,349	3,718						3,441,071	472,034
16.00	Central Services & Supply		14,644	7,333	8,202	2,131	30,568	41,473				863,571	118,462
17.00	Pharmacy		53,801	10,266	30,073	2,498	181,727	205,721				2,214,844	303,825
18.00	Medical Records and Library		15,246	11,732	38,275	782	0	0				1,314,659	180,340
19.00	Social Service		2,966	3,666	13,670	46	0	0				179,012	24,556
19.02			0	0	0	0	0	0				0	0
19.03			0	0	0	0	0	0				0	0
20.00	Nursing School		0	0	0	0	0	0				0	0
21.00	Intern & Res Service-Salary & Fringes		0	0	0	0	0	0				0	0
22.00	Intern & Res Other Program		0	0	0	0	0	0				0	0
23.00	Paramedical Ed Program		0	0	0	0	0	0				0	0
24.00	Paramedical Ed Program		0	0	0	0	0	0				0	0
<b>INPATIENT ROUTINE COST CENTE</b>													
25.00	Adults & Pediatrics (Gen Routine)		267,722	68,926	133,963	0	337,798	346,988				11,754,328	1,612,418
26.00	Intensive Care Unit		111,443	19,065	30,073	778	125,260	125,863				4,889,724	670,756
27.00	Coronary Care Unit		0	0	0	0	0	0				0	0
28.00	Neonatal Intensive Care Unit		0	0	0	0	0	0				0	0
29.00	Surgical Intensive Care		0	0	0	0	0	0				0	0
30.00			0	0	0	0	0	0				0	0
31.00	Subprovider I		53	0	0	0	0	0				1,807	248
32.00	Nursery		0	0	0	0	0	0				0	0
33.00	Skilled Nursing Facility		30,668	2,933	0	2,600	8,804	8,846				1,087,138	149,130
34.00	Distinct Part Nursing Facility		40,670	32,997	19,138	490	34,186	34,350				1,719,811	235,918
34.01	Subacute Care Unit		0	0	0	0	0	0				0	0
36.00	Subacute Care Unit II		23,444	9,532	16,404	121	17,429	17,513				904,557	124,084
36.01	Subacute Care Unit II		0	0	0	0	0	0				0	0
36.02	Transitional Care Unit		0	0	0	0	0	0				0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE

Fiscal Period Ended:  
DECEMBER 31, 2008

	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.07	ALLOC COST 6.08	ALLOC COST 6.09	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.06
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	65,893	27,131	68,349	7,699	142,306	230,089	0	0	0	3,246,735	445,376
38.00 Recovery Room	0	28,861	8,066	0	374	12,688	19,657	0	0	0	1,014,267	139,134
39.00 Delivery Room and Labor Room	0	31,202	8,066	13,670	2,026	11,116	12,312	0	0	0	1,433,882	196,695
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	41,851	19,065	73,817	2,420	36,226	78,710	0	0	0	2,579,451	353,840
41.01 CT Scan	0	11,842	1,467	0	884	54,139	158,793	0	0	0	638,843	87,634
41.02 Ultrasound	0	10,478	733	0	29	8,695	24,241	0	0	0	392,634	53,860
43.00 Radioisotope	0	6,270	2,200	0	3,659	5,985	11,061	0	0	0	311,152	42,683
43.01 Magnetic Resonance Imaging	0	6,842	5,133	0	1,389	7,612	45,611	0	0	0	668,972	91,767
44.00 Laboratory	0	62,998	17,598	57,413	70,350	192,074	293,533	0	0	0	4,945,680	678,431
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	37,229	8,066	0	1,781	67,795	71,612	0	0	0	1,676,542	229,982
50.00 Physical Therapy	0	16,075	2,933	27,339	266	11,036	14,034	0	0	0	836,815	114,791
51.00 Occupational Therapy	0	14,976	14,665	0	494	3,768	5,239	0	0	0	662,186	90,836
52.00 Speech Pathology	0	3,850	2,933	0	65	2,363	3,017	0	0	0	148,532	20,375
53.00 Electrocardiology	0	7,050	0	41,009	201	33,280	45,582	0	0	0	428,834	58,826
54.00 Electroencephalography	0	0	0	0	0	513	569	0	0	0	34,737	4,765
55.00 Medical Supplies Charged to Patients	0	0	0	0	258,761	0	0	0	0	0	5,371,254	736,810
56.00 Drugs Charged to Patients	0	0	0	0	125,264	0	0	0	0	0	2,573,633	353,042
57.00 Renal Dialysis	0	0	0	0	0	5,615	5,900	0	0	0	362,786	49,766
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	0	0
61.00 Emergency	0	105,876	21,998	41,009	3,506	43,685	176,086	0	0	0	4,669,666	640,569
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.00 Child Development Center	0	84,276	32,997	41,009	2,109	0	51,028	0	0	0	3,134,583	429,991
71.00 Home Health Agency	0	38,567	0	35,541	709	0	0	0	0	0	1,681,138	230,613
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
92.00 Ambulatory Surgical Center	0	50,875	27,131	0	5,865	0	0	0	0	0	2,643,466	362,622
<b>NONREIMBURSABLE COST CENTE</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	15,183	2,083
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	73,615	10,098
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 Marketing	0	4,819	1,467	8,202	895	0	0	0	0	0	2,194	301
100.02 Foundation	0	0	0	0	37	0	0	0	0	0	336,293	46,132
100.03	0	1,534	0	0	0	0	0	0	0	0	68,403	9,383
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	1,600,376	533,080	1,068,973	536,028	1,374,669	2,027,828	0	0	0	87,516,750	10,557,086





STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE

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
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	142,406	81,648	36,446	0	0	25,497	0	0	366,540	4,231	316,609	0
38.00 Recovery Room	42,372	24,294	11,836	0	0	8,345	0	137,553	4,474	2,340	15,896	0
39.00 Delivery Room and Labor Room	249,302	142,936	8,946	137,382	0	11,045	0	182,005	2,785	0	11,105	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	131,240	75,246	7,790	72,322	0	19,423	0	0	9,604	9	140,340	0
41.01 CT Scan	19,798	11,351	8,817	10,910	0	4,341	0	0	2,172	0	21,340	0
41.02 Ultrasound	4,467	2,561	3,512	2,461	0	2,384	0	0	1,145	0	15,678	0
43.00 Radioisotope	11,649	6,679	1,209	6,420	0	1,372	0	0	168	0	1,524	0
43.01 Magnetic Resonance Imaging	68,708	39,394	9,199	37,863	0	0	0	0	1,329	1	0	0
44.00 Laboratory	99,713	57,170	3,933	54,948	0	29,782	0	490,886	6,891	0	21,231	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	51,104	29,300	0	28,162	0	17,736	0	0	6,717	32	63,256	0
50.00 Physical Therapy	167,455	96,009	0	92,279	0	0	0	0	389	0	104,193	0
51.00 Occupational Therapy	77,662	44,527	1,448	42,797	0	0	0	0	1,127	4,418	41,481	0
52.00 Speech Pathology	12,695	7,279	0	6,996	0	0	0	0	1	0	7,077	0
53.00 Electrocardiography	25,009	14,339	2,145	13,781	0	2,632	0	43,320	760	59	105,064	0
54.00 Electroencephalography	3,943	2,261	0	2,173	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	682,642	60	0	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	2,892,852	0	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	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	0	0
61.00 Emergency	138,664	79,502	72,217	76,413	77,201	46,101	0	0	36,112	9,753	167,885	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.00 Child Development Center	82,531	47,318	815	45,480	0	0	0	0	315	0	0	0
71.00 Home Health Agency	0	0	0	0	0	0	0	0	2,949	216	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
92.00 Ambulatory Surgical Center	157,174	0	19,257	0	0	0	0	0	65,277	2,449	0	0
<b>NONREIMBURSABLE COST CENTE</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	15,412	8,836	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	122,971	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 Marketing	6,780	3,887	0	0	0	220,688	0	0	0	0	0	0
100.02	0	0	0	0	0	1,878	0	0	1	0	0	0
100.03 Foundation	6,780	3,887	0	0	0	1,125	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	3,803,849	1,961,464	499,002	1,744,403	1,647,191	666,157	0	4,009,854	1,272,585	2,924,367	1,597,414	274,045



STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE S

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 (Adj 5) 26.00	TOTAL COST 27.00
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	0	0	0	4,665,489	0	4,665,489
38.00 Recovery Room	0	0	0	0	0	0	0	0	1,400,511	0	1,400,511
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	2,376,083	0	2,376,083
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	3,389,267	0	3,389,267
41.01 CT Scan	0	0	0	0	0	0	0	0	805,205	0	805,205
41.02 Ultrasound	0	0	0	0	0	0	0	0	478,703	0	478,703
43.00 Radioisotope	0	0	0	0	0	0	0	0	382,855	0	382,855
43.01 Magnetic Resonance Imaging	0	0	0	0	0	0	0	0	917,233	0	917,233
44.00 Laboratory	0	0	0	0	0	0	0	0	6,388,665	0	6,388,665
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0
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	2,102,830	0	2,102,830
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	1,411,933	0	1,411,933
50.00 Physical Therapy	0	0	0	0	0	0	0	0	966,482	0	966,482
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	202,956	0	202,956
52.00 Speech Pathology	0	0	0	0	0	0	0	0	694,769	0	694,769
53.00 Electrocardiography	0	0	0	0	0	0	0	0	47,879	0	47,879
54.00 Electroencephalography	0	0	0	0	0	0	0	0	6,790,767	0	6,790,767
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	5,819,527	0	5,819,527
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	412,552	0	412,552
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00	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	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	6,014,085	0	6,014,085
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
63.00 Child Development Center	0	0	0	0	0	0	0	0	3,741,034	0	3,741,034
71.00 Home Health Agency	0	0	0	0	0	0	0	0	1,914,915	0	1,914,915
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
92.00 Ambulatory Surgical Center	0	0	0	0	0	0	0	0	3,250,245	0	3,250,245
<b>NONREIMBURSABLE COST CENTER:</b>											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	41,513	0	41,513
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	206,684	0	206,684
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 Marketing	0	0	0	0	0	0	0	0	223,182	0	223,182
100.02	0	0	0	0	0	0	0	0	394,971	0	394,971
100.03 Foundation	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	89,578	0	89,578
TOTAL	0	0	0	0	0	0	0	0	87,516,750	0	87,516,750





STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICE

Fiscal Period Ended:  
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	NON PAT TELEPHONE (# OF PHONE)	DATA PROCESSING (# OF TERML)	PURCH RECEIVING (COST SUPP)	ADMIT PATIENT (INPAT REV)	PATIENT ACCTING (GROSS REV)	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
<b>GENERAL SERVICE COST CENTERS</b>										
Old Cap Rel Costs-Bldg & Fixtures										
Old Cap Rel Costs-Movable Equipment										
New Cap Rel Costs-Bldg & Fixtures										
New Cap Rel Costs-Movable Equipment										
4.01										
4.02										
4.03										
4.04										
4.05										
4.06										
4.07										
4.08										
5.00										
6.01	167,846									
6.02	593,107									
6.03	212,057	12	7			6.05	6.08		7.00	
6.04	1,190,178	22	19	29,530		(Adj)	(Adj)		(Adj)	
6.05	818,856	31	31	10,629		(Adj)	(Adj)		(Adj)	
6.07										
6.08										
6.09										
6.06	3,384,296	80	34	247,672				3,344,994		5,100
7.00	778,223	5	4	187,502				1,634,622		743
8.00		21						418,125		1,337
9.00		1		106,871				1,496,760		4,979
10.00		4	10	61,593				1,261,349		2,766
11.00	454,887	10	6	20,339				481,835		1,692
12.00	181,918			9,234				0		6,199
13.00								3,441,071		2,043
14.00	2,250,295	26	25	73,450				863,571		2,125
15.00	359,733	10	3	42,095	4,813,641	6,499,763		2,214,844		535
16.00	1,321,676	14	11	49,348	28,617,349	32,240,847		1,314,659		
17.00	374,522	16	14	15,459				179,012		
18.00	72,863	5	5	911				0		
19.00								0		
19.02								0		
19.03								0		
20.00								0		
21.00								0		
22.00								0		
23.00								0		
24.00								0		
25.00	6,576,829	94	49	15,368	53,194,566	54,380,331		11,754,328		58,319
26.00	2,737,712	26	11		19,725,335	19,725,335		4,889,724		15,195
27.00								0		
28.00								0		
29.00								0		
30.00								0		
31.00	1,313							1,807		
32.00								0		
33.00	753,381	4		51,378	1,386,415	1,386,415		1,087,138		700
34.00	999,093	45	7	9,690	5,383,364	5,383,364		1,719,811		4,385
34.01								0		
36.00	575,925	13	6	2,389	2,744,673	2,744,673		904,557		1,539
36.01								0		
36.02								0		

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICE

Fiscal Period Ended:  
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	NON PAT TELEPHONE (# OF PHONE)	DATA PROCESSING (# OF TERML)	PURCH RECEIVING (COST SUPP)	ADMIT PATIENT (INPAT REV)	PATIENT ACCTING (GROSS REV)	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT)
	5.00 (Adj) (Adj)	6.01 (Adj) (Adj)	6.02 (Adj) (Adj)	6.03 (Adj) (Adj)	6.04 (Adj) (Adj)	6.05 (Adj) (Adj)	6.07 (Adj) (Adj)	6.08 (Adj) (Adj)	6.09 (Adj) (Adj)	7.00 (Adj) (Adj)
<b>ANCILLARY COST CENTERS</b>										
37.00	1,618,734	37	25	152,113	22,409,591	36,059,759			3,246,735	7,078
38.00	708,993	11		7,383	1,998,076	3,080,665			1,014,267	2,106
39.00	766,496	11	5	40,020	1,750,430	1,929,581			1,433,882	12,391
40.00									0	
41.00	1,028,106	26	27	47,811	5,704,726	12,335,534			2,579,451	6,523
42.00	290,913	2		17,467	8,525,524	24,886,150			638,843	984
43.00	257,404	1		582	1,369,258	3,799,068			392,634	222
44.00	154,039	3		72,286	942,467	1,733,538			311,152	579
45.00	168,079	7		27,446	1,198,652	7,148,145			668,972	3,415
46.00	1,547,606	24	21	1,389,947	30,246,832	46,002,782			4,945,680	4,956
47.00									0	
48.00									0	
49.00	914,559	11		35,196	10,675,909	11,223,129			1,676,542	2,540
50.00	394,894	4	10	5,259	1,737,895	2,199,383			836,815	8,323
51.00	367,897	20		9,764	593,368	821,074			662,186	3,860
52.00	94,579	4		1,276	372,095	472,793			148,532	631
53.00	173,192		15	3,967	5,240,820	7,143,710			428,834	1,243
54.00					80,857	89,242			34,737	196
55.00				5,112,492					5,371,254	
56.00				2,474,922					2,573,633	
57.00					884,231	924,641			362,786	
58.00									0	
59.01									0	
59.02									0	
59.03									0	
60.00									0	
60.01	2,600,932	30		89,268	6,879,347	27,596,446			4,669,666	6,892
61.00									0	
62.00	2,070,309	45	15	41,672		7,997,132			3,134,583	4,102
63.00	947,433		13	14,008					1,681,138	
71.00									0	
83.00									0	
84.00									0	
85.00									0	
92.00	1,249,797	37		115,882					2,643,466	7,812
<b>NONREIMBURSABLE COST CENTERS</b>										
96.00									15,183	766
97.00									0	
98.00									73,615	6,112
99.00									0	
99.01									0	
99.02									0	
99.03									0	
99.04									0	
99.05									0	
100.00									2,194	
100.01	118,388	2	3	17,674					336,293	337
100.02									0	
100.03	37,677			736					68,403	337
100.04									0	
TOTAL	39,314,737	727	391	10,590,629	216,475,421	317,803,500	0	0	76,959,684	189,062
COST TO BE ALLOCATED	1,600,376	533,080	1,068,973	536,028	1,374,669	2,027,828	0	0	10,557,066	3,803,849
UNIT COST MULTIPLIER - SCH 8	0.040707	733.260097	2733.945165	0.050613	0.006350	0.006381	0.000000	0.000000	0.137177	20.119587





STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICE

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 (MEALS SERVED) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (TIME SPENT) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT
<b>ANCILLARY COST CENTERS</b>												
37.00	7,078	52,313			2,267			3,294,897	3,710	2,908		
38.00	2,106	16,989			742		15,435	40,220	2,052	146		
39.00	12,391	12,841	12,391		982		20,423	25,033		102		
40.00												
41.00	6,523	11,182	6,523		1,727		86,333		8	1,289		
41.01	984	12,655	984		386		19,527			196		
41.02	222	5,041	222		212		10,293			144		
43.00	579	1,735	579		122		1,508			14		
43.01	3,415	13,204	3,415				11,943					
44.00	4,956	5,645	4,956		2,648		61,943			195		
44.01												
46.00												
47.00												
48.00												
49.00	2,540		2,540		1,577		60,376		28	581		
50.00	8,323		8,323				3,500			957		
51.00	3,860	2,078	3,860				10,134		3,874	381		
52.00	631		631				12			65		
53.00	1,243	3,079	1,243		234		6,835		52	965		
54.00	196		196									
55.00							6,136,395		53			
56.00								2,536,636				
57.00												
58.00												
59.00												
59.01												
59.02												
59.03												
60.00												
60.01	6,892	103,657	6,892	4,865	4,099		324,620	8,552		1,542		
61.00												
62.00	4,102	1,170	4,102				2,831					
63.00							26,505					
71.00								189				
83.00												
84.00												
85.00												
92.00		27,640					586,788	2,147				
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00	766											
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00												
100.01	337				19,622		5					
100.02					167							
100.03	337				100							
100.04												
TOTAL	170,038	716,242	157,334	103,801	59,230	8,360	449,951	11,439,491	2,564,270	14,672	28,824	0
COST TO BE ALLOCATED	1,961,464	499,002	1,744,403	1,647,191	686,157	0	4,009,854	1,272,585	2,924,367	1,597,414	274,045	0
UNIT COST MULTIPLIER - SCH 8	11,535,443	0,696,695	11,087,261	15,868,736	11,246,949	0,000,000	8,911,757	0,111,245	1,140,429	108,875,017	9,507,537	0,000,000

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:

Fiscal Period Ended:  
DECEMBER 31, 2008

SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICE

	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)
<b>GENERAL SERVICE COST CENTERS</b>							
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							
6.04 Admitting							
6.05 Patient Accounting							
6.07							
6.08							
6.09							
6.06 Other Administration 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							
<b>INPATIENT ROUTINE COST CENTERS</b>							
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							
31.00 Subprovider I							
32.00							
33.00 Nursery							
34.00 Skilled Nursing Facility							
34.01 Distinct Part Nursing Facility							
36.00 Adult Subacute Care Unit							
36.01 Subacute Care Unit II							
36.02 Transitional Care Unit							



## TRIAL BALANCE OF EXPENSES

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 1,788,295	\$ 1,229	\$ 1,789,524
2.00	Old Cap Rel Costs-Movable Equipment	356,292	332	356,624
3.00	New Cap Rel Costs-Bldg & Fixtures	2,002,228	(6,592)	1,995,636
4.00	New Cap Rel Costs-Movable Equipment	994,524	4,394	998,918
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	707,006	876,134	1,583,140
6.01	Non-Patient Telephones	482,540	0	482,540
6.02	Data Processing	2,382,832	(1,355,466)	1,027,366
6.03	Purchasing	470,263	0	470,263
6.04	Admitting	1,536,945	(297,594)	1,239,351
6.05	Patient Accounting	1,843,389	0	1,843,389
6.07			0	0
6.08			0	0
6.09			0	0
6.06	Other Administration and General	8,225,687	1,651,648	9,877,335
7.00	Maintenance and Repairs	3,740,223	(468,825)	3,271,398
8.00	Operation of Plant	1,484,941	0	1,484,941
9.00	Laundry and Linen Service	392,420	0	392,420
10.00	Housekeeping	1,428,167	0	1,428,167
11.00	Dietary	1,086,970	0	1,086,970
12.00	Cafeteria	401,134	0	401,134
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	3,794,578	(580,790)	3,213,788
15.00	Central Services & Supply	596,002	0	596,002
16.00	Pharmacy	1,676,966	0	1,676,966
17.00	Medical Records and Library	1,200,940	0	1,200,940
18.00	Social Service	144,577	0	144,577
19.00			0	0
19.02			0	0
19.03			0	0
20.00			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
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults & Pediatrics (Gen Routine)	9,063,398	0	9,063,398
26.00	Intensive Care Unit	4,077,159	0	4,077,159
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			0	0
31.00	Subprovider I	1,754	0	1,754
32.00			0	0
33.00	Nursery	1,014,855	0	1,014,855
34.00	Skilled Nursing Facility	1,442,524	0	1,442,524
34.01	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	779,592	0	779,592
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Fiscal Period Ended:  
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 2,518,906	\$ 0	\$ 2,518,906
38.00	Recovery Room	889,171	0	889,171
39.00	Delivery Room and Labor Room	1,029,238	0	1,029,238
40.00	Anesthesiology	0	0	0
41.00	Radiology - Diagnostic	2,155,613	0	2,155,613
41.01	CT Scan	385,810	0	385,810
41.02	Ultrasound	342,612	0	342,612
43.00	Radioisotope	266,732	0	266,732
43.01	Magnetic Resonance Imaging	552,714	0	552,714
44.00	Laboratory	4,121,223	0	4,121,223
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	0	0	0
47.00	Blood Storing and Processing	0	0	0
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	1,423,181	0	1,423,181
50.00	Physical Therapy	585,193	0	585,193
51.00	Occupational Therapy	544,323	0	544,323
52.00	Speech Pathology	119,691	0	119,691
53.00	Electrocardiology	268,983	0	268,983
54.00	Electroencephalography	28,493	0	28,493
55.00	Medical Supplies Charged to Patients	5,112,493	0	5,112,493
56.00	Drugs Charged to Patients	2,448,369	0	2,448,369
57.00	Renal Dialysis	351,271	0	351,271
58.00	ASC (Non-Distinct Part)	0	0	0
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services	0	0	0
61.00	Emergency	4,096,040	0	4,096,040
62.00	Observation Beds	0	0	0
63.00	Child Development Center	2,900,675	0	2,900,675
71.00	Home Health Agency	1,589,544	679	1,590,223
83.00			0	0
84.00			0	0
85.00			0	0
92.00	Ambulatory Surgical Center	2,148,375	297,594	2,445,969
	<b>SUBTOTAL</b>	<b>\$ 86,994,851</b>	<b>\$ 122,743</b>	<b>\$ 87,117,594</b>
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
97.00	Research	0	0	0
98.00	Physicians' Private Office	13,607	0	13,607
99.00	Nonpaid Workers	0	0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00			0	0
100.01	Marketing	320,911	0	320,911
100.02			0	0
100.03	Foundation	55,967	8,671	64,638
100.04			0	0
100.99	<b>SUBTOTAL</b>	<b>\$ 390,485</b>	<b>\$ 8,671</b>	<b>\$ 399,156</b>
101	<b>TOTAL</b>	<b>\$ 87,385,336</b>	<b>\$ 131,414</b>	<b>\$ 87,516,750</b>

(To Schedule 8)



Provider Name:  
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES

Page 1  
Fiscal Period Ended:  
DECEMBER 31, 2008

	TOTAL ADJ (Page 1 & 2)	3	4	6	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
<b>ANCILLARY COST CENTERS</b>														
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 CT Scan	0													
41.02 Ultrasound	0													
43.00 Radioisotope	0													
43.01 Magnetic Resonance Imaging	0													
44.00 Laboratory	0													
44.01 Pathological Lab	0													
46.00 Whole Blood	0													
47.00 Blood Storing and Processing	0													
48.00 Intravenous Therapy	0													
49.00 Respiratory Therapy	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													
63.00 Child Development Center	0													
71.00 Home Health Agency	679													
83.00	0													
84.00	0													
85.00	0													
92.00 Ambulatory Surgical Center	297,594													
<b>NONREIMBURSABLE COST CENTERS</b>														
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 Marketing	0													
100.02	0													
100.03 Foundation	8,671													
100.04	0													
101.00 TOTAL	\$131,414	0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)







Provider Name		Fiscal Period		Provider Number		Adjustments		
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30236F		23		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	
			Part	Title	Line			Col.
1			<p><b>Explanation of Audit Adjustments</b></p> <p><b>MEMORANDUM ADJUSTMENTS</b></p> <p>The Adult Subacute Unit costs and statistics reported in the cost report on the Nursing Facility cost center, Line 35.00, have been reclassified to the Adult Subacute Unit cost center, line 36.00. This was done in accordance with CMS Pub. 15-2, Section 3610.</p>					As Adjusted
2			<p>The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5 and/or AB 1183. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W&amp;I Code, Section 14105.245</p>					As Adjusted

Provider Name		Fiscal Period				Provider Number		Adjustments	
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				ZZT 30236F		23	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
<b>RECLASSIFICATIONS OF REPORTED COSTS</b>									
3	10A 10A	A A	6.04 92.00	7 7	Admitting Ambulatory Surgical Center	\$1,536,945 2,148,375	(\$297,594) 297,594	\$1,239,351 2,445,969	
To reclassify aspen admitting expenses to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304									
4	10A 10A	A A	6.06 100.03	7 7	Other Administration and General Foundation	\$8,225,687 55,967	(\$8,671) 8,671	\$8,217,016 * 64,638	
To reclassify hospital foundation expenses to a nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304									
5	8.3 8.3	B B	31.00 25.00	26 26	Subprovider I Adults and Pediatrics	\$3,110 19,671,795	(\$3,110) 3,110	\$0 19,674,905	
To reclassify Subprovider I (Rehabilitation) costs to Adults and Pediatrics cost center after step-down. The Rehabilitation unit does not meet the separate cost center requirements. 42 CFR 413.20, 413.24, and 413.53(b)(c) CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3 and 2306									

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period			Provider Number		Adjustments	
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			ZZT 30236F		23	
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENT TO REPORTED COSTS</b>								
6	10A	A	1.00	7	Old Capital Related Costs-Building and Fixtures	\$1,788,295	\$1,229	\$1,789,524
	10A	A	2.00	7	Old Capital Related Costs-Movable Equipment	356,292	332	356,624
	10A	A	3.00	7	New Capital Related Costs-Building and Fixtures	2,002,228	(6,592)	1,995,636
	10A	A	4.00	7	New Capital Related Costs-Movable Equipment	994,524	4,394	998,918
	10A	A	5.00	7	Employee Benefits	707,006	876,134	1,583,140
	10A	A	6.02	7	Data Processing	2,382,832	(1,355,466)	1,027,366
	10A	A	6.06	7	Other Administration and General	8,217,016	1,660,319	9,877,335
	10A	A	7.00	7	Maintenance and Repairs	3,740,223	(468,825)	3,271,398
	10A	A	14.00	7	Nursing Administration	3,794,578	(580,790)	3,213,788
	10A	A	71.00	7	Home Health Agency	1,589,544	679	1,590,223
To adjust the reported home office costs to agree with the Adventist Health filed home office cost reports for the fiscal period ending December 31, 2008. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304								

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				ZTZ 30236F		23	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.			
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>									
7	4 4A	D-1 D-1	I II	XIX XIX	9.00 43.00	1 4	1,003 332	(37) (30)	966 302
Medi-Cal Days - Adults and Pediatrics									
Medi-Cal Days - Intensive Care Unit									
8	4A	Not Reported					0	9	9
4A	4A	Not Reported					\$0	\$318.19	\$318.19
4A	4A	Not Reported					0	5	5
4A	4A	Not Reported					\$0	\$351.26	\$351.26
Medi-Cal Administrative Day Rate (January 1, 2008 to February 29, 2008)									
Medi-Cal Administrative Day Rate (January 1, 2008 to February 29, 2008)									
Medi-Cal Administrative Days (December 1, 2008 to December 31, 2008)									
Medi-Cal Administrative Day Rate (December 1, 2008 to December 31, 2008)									
9	6	D-4	XIX	XIX	37.00	2	\$913,468	(\$52,156)	\$861,312
6	6	D-4	XIX	XIX	38.00	2	88,330	(5,908)	82,422
6	6	D-4	XIX	XIX	39.00	2	345,702	10,054	355,756
6	6	D-4	XIX	XIX	41.00	2	327,700	(18,754)	308,946
6	6	D-4	XIX	XIX	41.01	2	547,229	(25,739)	521,490
6	6	D-4	XIX	XIX	41.02	2	122,585	(5,528)	117,057
6	6	D-4	XIX	XIX	43.00	2	70,525	(3,288)	67,237
6	6	D-4	XIX	XIX	43.01	2	46,246	2,909	49,155
6	6	D-4	XIX	XIX	44.00	2	2,025,999	(67,740)	1,958,259
6	6	D-4	XIX	XIX	49.00	2	750,290	(89,988)	660,302
6	6	D-4	XIX	XIX	50.00	2	39,013	291	39,304
6	6	D-4	XIX	XIX	51.00	2	5,535	234	5,769
6	6	D-4	XIX	XIX	52.00	2	10,988	(178)	10,810
6	6	D-4	XIX	XIX	53.00	2	338,020	(18,962)	319,058
6	6	D-4	XIX	XIX	54.00	2	4,485	(402)	4,083
6	6	D-4	XIX	XIX	55.00	2	80,762	7,586	88,348
6	6	D-4	XIX	XIX	56.00	2	1,722,327	(110,772)	1,611,555
6	6	D-4	XIX	XIX	57.00	2	159,618	(17,438)	142,180
6	6	D-4	XIX	XIX	61.00	2	421,565	(22,648)	398,917
6	6	D-4	XIX	XIX	101.00	2	8,020,387	(418,427)	7,601,960

-Continued on next page-

Provider Name		Fiscal Period			Provider Number		Adjustments			
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			ZZT 30236F		23			
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>										
-Continued from previous page-										
10	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$4,793,617	(\$265,305)	\$4,528,312
10	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	8,020,387	(418,427)	7,601,960
11	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$3,169	\$6,044	\$9,213
11	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	54,324	8,534	62,858
12	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$2,789,914	(\$227,117)	\$2,562,797
<p>To adjust Medi-Cal Settlement Data to agree with the following                      EDS Paid Claims Summary:                      Report Date: March 17, 2010                      Payment Period: January 1, 2008 through February 28, 2010                      Service Period: January 1, 2008 through December 31, 2008                      42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139                      CMS Pub. 15-1, Sections 2304, 2404, and 2408                      CCR, Title 22, Section 51541</p>										
13	1	E-3	III	XIX	51.00	1	Medi-Cal Amounts Applicable To Prior Cost Reporting	\$2,894	(\$2,894)	\$0
<p>To eliminate administrative days expense from the cost report.                      42 CFR 413.20 and 413.24                      CMS Pub. 15-1, Sections 2300 and 2304</p>										

Provider Name		Fiscal Period		Provider Number		Adjustments		
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30236F		23		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
Explanation of Audit Adjustments								
ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF								
14	DPNF 4	Not Reported				\$0	\$909,612	\$909,612
	DPNF 4	Not Reported				0	27,221	27,221
	DPNF 4	Not Reported				0	2,762,909	2,762,909
	DPNF 4	Not Reported				0	3,699,742	3,699,742
DPNF Ancillary Charges - Respiratory Therapy DPNF Ancillary Charges - Medical Supplies Charged to Patient DPNF Ancillary Charges - Drugs Charged to Patient DPNF Ancillary Charges - Total To include total Skilled Nursing Facility ancillary charges that are included in the rate paid by Medi-Cal. CCR, Title 22, Section 51511(c)								

Provider Name		Fiscal Period		Provider Number		Adjustments		
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30236F		23		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - ADULT SUBACUTE</b>								
15	AS 1	Not Reported						
	AS 1	D-1	I	XIX	9.00	1	0	152
Medi-Cal Adult Subacute Days - Ventilator Medi-Cal Adult Subacute Days - Total To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: January 21, 2010 Payment Period: January 1, 2008 through December 31, 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								
							2,069	(1,188)
16	AS 1	Not Reported					0	359
	AS 1	Not Reported					0	1,721
Total Adult Subacute Days - Ventilator Total Adult Subacute Days - Nonventilator To reflect total Adult Subacute ventilator and nonventilator days in the audit report. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
17	AS 1	Not Reported					\$0	\$3,531
Subacute - Ventilator Equipment Cost To reflect total ventilator equipment expense in the audit report. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
18	AS 4	D-4	XIX	37.00	2		\$7,845	(\$7,845)
	AS 4	D-4	XIX	101.00	2		2,192,552	(7,845)
Adult Subacute Ancillary Charges - Operating Room Adult Subacute Ancillary Charges - Total To eliminate the reported Subacute ancillary charges not included in the Medi-Cal rate. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2408 CCR, Title 22, Section 51511.5								
								2,184,707 *

\*Balance carried forward from prior/to subsequent adjustments



Provider Name		Fiscal Period		Provider Number		Adjustments		
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30236F		23		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - ADULT SUBACUTE</b>								
19	AS 4	D-4	XIX	41.00	2	\$15,110	\$6,950	\$22,060
	AS 4	D-4	XIX	41.01	2	4,559	3,824	8,383
	AS 4	D-4	XIX	41.02	2	2,775	1,819	4,594
	AS 4	D-4	XIX	44.00	2	184,629	23,333	207,962
	AS 4	D-4	XIX	49.00	2	1,139,980	16,888	1,156,868
	AS 4	D-4	XIX	50.00	2	14,758	13,168	27,926
	AS 4	D-4	XIX	51.00	2	3,696	7,056	10,752
	AS 4	D-4	XIX	52.00	2	13,439	9,870	23,309
	AS 4	D-4	XIX	55.00	2	91,276	(11,298)	79,978
	AS 4	D-4	XIX	56.00	2	714,485	(17,725)	696,760
	AS 4	D-4	XIX	101.00	2	2,184,707	53,885	2,238,592
To adjust the reported Subacute ancillary charges to agree with the general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2408 CCR, Title 22, Section 51511.5								

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
SIMI VALLEY HOSPITAL AND HEALTH CARE SERVICES		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				ZTZ 30236F		23	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
20	DPNF 1	S-3	I	15.00	1	34	(6)	28	
Total Available Distinct Part Nursing Facility Beds To adjust the total skilled nursing facility beds to agree with the facility license. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306									
21	AS 1	Not Reported				0	16	16	
Contracted Number of Adult Subacute Beds To reflect the number of contracted Subacute beds in the audit report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Section 2304									
22	AS 1	S-3	I	15, 16	1	46	(2)	44	
Total Licensed Nursing Facility Beds To adjust the number of licensed nursing facility beds in the audit report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306									
23	DPNF 1 AS 1	S-3 S-3	I I	25.00 25.00	1 1	168 168	33 33	201 201	
Total Licensed Capacity Total Licensed Capacity To adjust the total number of licensed beds to agree with the State license. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306									