

**CORRECTED APPEAL RECOMPUTATION
ON THE
AUDIT REPORT**

**COMMUNITY HOSPITAL OF LONG BEACH
LONG BEACH, CALIFORNIA
PROVIDER NUMBER: HSP30004F
NATIONAL PROVIDER IDENTIFIER: 1811951924**

**FISCAL PERIOD ENDED
SEPTEMBER 30, 2009**

**Audits Section – Santa Ana
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Margaret A. Varho
Audit Supervisor: Henry Igboke
Auditors: Billy Abishu / Sandra Hy/Ally Lo**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: November 8, 2012

Ms. Judith M. Berry
J. Berry and Associates Consulting Services, Inc.
1835 Newport Blvd., Suite A109-314
Costa Mesa, CA 92627

In the Matter of:

COMMUNITY HOSPITAL OF LONG BEACH
NATIONAL PROVIDER IDENTIFIER (NPI) 1811951924
FISCAL PERIOD ENDED SEPTEMBER 30, 2009
CASE NUMBER HA11-0909-764D-JC

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated January 03, 2012, the following corrections are made to the revised Medi-Cal audit report dated February 16, 2012.

SUMMARY OF CORRECTED REVISIONS

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>		
Revised Amount Due Provider (State)	\$	391,437
Correction		(375,687)
Corrected Amount Due Provider (State)	\$	<u>15,750</u>

Enclosed is the corrected Summary of Findings and supporting schedules detailing the results of the recomputation.

Ms. Judith M. Berry
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A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

SUMMARY OF FINDINGS

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. HSP30004F		
Revised	\$ 391,437	
Net Change	\$ (375,687)	
Corrected Amount Due Provider (State)	\$ 15,750	
2. Subprovider I (SCHEDULE 1-1) Provider No.		
Revised	\$ 0	
Net Change	\$ 0	
Corrected Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.		
Revised	\$ 0	
Net Change	\$ 0	
Corrected Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.		
Revised		\$ 0
Net Change		\$ 0
Corrected Cost		\$ 0
Corrected Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.		
Revised		\$ 0.00
Net Change		\$ 0.00
Corrected Cost		\$ 0.00
Corrected Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No.		
Revised		\$ 0.00
Net Change		\$ 0.00
Corrected Cost		\$ 0.00
Corrected Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.		
Revised		\$ 0.00
Net Change		\$ 0.00
Corrected Cost		\$ 0.00
Corrected Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ 15,750	
9. Total Medi-Cal Cost		\$ 0

SUMMARY OF FINDINGS

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider No.	Revised		\$ 0.00
	Net Change		\$ 0.00
	Corrected Cost		\$ 0.00
	Corrected Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider No.	Revised	\$ 0	
	Net Change	\$ 0	
	Corrected Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider No.	Revised	\$ 0	
	Net Change	\$ 0	
	Corrected Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider No.	Revised	\$ 0	
	Net Change	\$ 0	
	Corrected Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider No.	Revised	\$ 0	
	Net Change	\$ 0	
	Corrected Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider No.	Revised		\$ 0.00
	Net Change		\$ 0.00
	Corrected Cost		\$ 0.00
	Corrected Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ 15,750	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

Provider No.
HSP30004F

	REVISED	CORRECTED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>2,757,323</u>	\$ <u>2,757,323</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>N/A</u>
4. \$	\$ <u>0</u>	<u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>2,757,323</u>	\$ <u>2,757,323</u>
6. Interim Payments (Rev)	\$ <u>(1,809,343)</u>	\$ <u>(1,809,343)</u>
7. Balance Due Provider (State)	\$ <u>947,980</u>	\$ <u>947,980</u>
8. Duplicate Payments (Rev)	\$ <u>0</u>	\$ <u>0</u>
9. Medi-Cal Credit Balance	\$ <u>(2,219)</u>	\$ <u>(2,219)</u>
10. Total Noncontract AB 5 and AB 1183 Reductions	\$ <u>(554,324)</u>	\$ <u>(930,011)</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>391,437</u></u>	\$ <u><u>15,750</u></u>
	(To Summary of Findings)	

STATE OF CALIFORNIA

SCHEDULE A
PROGRAM: NONCONTRACT

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

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

Provider No.
HSP30004F

1. 10% Reduction for Noncontract Services from 07/01/08 - 09/30/08 (AB 5 Schedule A-1)	\$	<u>0</u>
2. Reduction for Noncontract Services from 10/01/08 - 04/05/09 (AB 1183 Schedule A-2)		<u>811,166</u>
3. 10% Reduction for Noncontract Services from 04/06/09 - 09/30/09 (AB 5 Schedule A-3)		<u>118,845</u>
4. 10% Reduction for HFPAs from 07/01/08 - 12/31/12 (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>930,011</u></u> (To Schedule 1, Ln 10)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
NONCONTRACT HOSPITALS

AB 5

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

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

Provider No.
HSP30004F

Revised Medi-Cal Cost Per Day

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

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

6. Revised Medi-Cal Days of Service from 07/1/08 - 09/30/08 (excludes Administrative Days)	_____
7. Revised Medi-Cal Cost Per Day for 07/01/08 - 09/30/08 (Line 5 X Line 6)	\$ _____ 0
8. 10% Cost Reduction for 07/01/08 - 09/30/08 (Line 7 X 10%)	\$ <u> 0</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:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

Provider No.
HSP30004F

Corrected Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>2,817,063</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$ <u>2,817,063</u>
4. Total Corrected Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)	<u>1,088</u>
5. Corrected Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$ <u>2,589.21</u>

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

6. Corrected Medi-Cal Days of Service from 10/01/08 - 04/05/09 (excludes Administrative Days)	<u>592</u>
7. Corrected Medi-Cal Cost for 10/01/08 - 04/05/09 (Line 5 X Line 6)	\$ <u>1,532,814</u>
8. Corrected Medi-Cal Cost for 10/01/08 - 04/05/09 with 10% Reduction (Line 7 X 90%)	\$ <u>1,379,532</u>

Corrected 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. Corrected Medi-Cal Days of Service from 10/01/08 - 04/05/09 (excludes Administrative Days)	<u>592</u>
11. Corrected Medi-Cal Cost Using the Regional Avg per Diem Contract Rate at 95% (Ln 9 X Ln 10)	\$ <u>721,648</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>0</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>811,166</u> (To Schedule A, Ln 2)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
COMMUNITY HOSPITAL OF LONG BEACHFiscal Period Ended:
SEPTEMBER 30, 2009Provider No.
HSP30004F

REVISED

CORRECTED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 2,817,063 \$ 2,817,063

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Rev) \$ 3,946,678 \$ 3,946,6783. Inpatient Ancillary Service Charges (Rev 2) \$ 9,732,201 \$ 9,732,2014. Total Charges - Medi-Cal Inpatient Services \$ 13,678,879 \$ 13,678,8795. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 10,861,816 \$ 10,861,8166. 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 INPATIENT ROUTINE SERVICE COSTProvider Name:
COMMUNITY HOSPITAL OF LONG BEACHFiscal Period Ended:
SEPTEMBER 30, 2009Provider No.
HSP30004F

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REVISED	CORRECTED
1. Total Inpatient Days (include private & swing-bed) (Rev)	16,812	16,812
2. Inpatient Days (include private, exclude swing-bed)	16,812	16,812
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	16,812	16,812
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	558	558

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 17,604,985	\$ 17,604,985
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)	\$ 17,604,985	\$ 17,604,985

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 17,863,813	\$ 17,863,813
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 45,599,175	\$ 45,599,175
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.985511	\$ 0.985511
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)	\$ 2,712.30	\$ 2,712.30
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)	\$ 17,604,985	\$ 17,604,985

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,047.17	\$ 1,047.17
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 584,321	\$ 584,321
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 1,042,097	\$ 1,042,097
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,626,418	\$ 1,626,418

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
COMMUNITY HOSPITAL OF LONG BEACHFiscal Period Ended:
SEPTEMBER 30, 2009Provider No.
HSP30004F

	REVISED	CORRECTED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,691,396	\$ 4,691,396
7. Total Inpatient Days (Rev)	2,386	2,386
8. Average Per Diem Cost	\$ 1,966.22	\$ 1,966.22
9. Medi-Cal Inpatient Days (Rev)	530	530
10. Cost Applicable to Medi-Cal	\$ 1,042,097	\$ 1,042,097
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Rev)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Rev)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Rev)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Rev)	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)	\$ 1,042,097	\$ 1,042,097

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

Provider No.
HSP30004F

SPECIAL CARE UNITS	REVISED	CORRECTED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	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:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

Provider No:
HSP30004F

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 3,747,144	\$ 15,952,156	0.234899	\$ 266,938	\$ 62,703
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	0	0	0.000000	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	1,968,088	12,228,500	0.160943	406,022	65,346
41.01	Ultrasound	464,751	6,148,269	0.075591	164,043	12,400
41.02	CAT Scan	1,075,518	31,143,373	0.034534	701,509	24,226
42.00	Radiology - Therapeutic	820,870	9,037,571	0.090829	0	0
43.00	Radioisotope	415,594	2,248,012	0.184872	53,242	9,843
44.00	Laboratory	3,154,101	27,602,748	0.114268	1,532,216	175,083
44.01	Pathology	184,757	257,232	0.718250	4,713	3,385
46.00	Whole Blood	629,681	429,741	1.465258	40,053	58,688
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	1,590,059	16,962,286	0.093741	2,369,086	222,080
50.00	Physical Therapy	455,209	753,408	0.604200	24,242	14,647
51.00	Occupational Therapy	0	0	0.000000	0	0
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	465,887	5,098,127	0.091384	264,031	24,128
54.00	Electroencephalography	154,458	318,568	0.484851	19,423	9,417
55.00	Medical Supplies Charged to Patients	2,673,067	9,008,967	0.296712	476,458	141,371
56.00	Drugs Charged to Patients	3,208,664	27,022,968	0.118738	1,905,379	226,242
57.00	Renal Dialysis	174,832	410,528	0.425872	30,129	12,831
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
58.01	GI Lab	193,993	619,881	0.312952	25,457	7,967
59.01		0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	4,689,481	56,500,083	0.083000	1,449,260	120,288
61.01	OCC Medicine	556,951	395,305	1.408913	0	0
71.00		0	0	0.000000	0	0
82.00		0	73,163,199	0.000000	0	0
83.00		0	17,142,047	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		\$ 26,623,104	\$ 312,442,969		\$ 9,732,201	\$ 1,190,645

(To Schedule 3)

* From Schedule 8, Column 27

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

	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	ADMIN- TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	20,469	0	0	0	0	0	0	0	0	2,309,402	467,524
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	12,715	0	0	0	0	0	0	0	0	1,329,370	269,123
41.01	Ultrasound	0	3,176	0	0	0	0	0	0	0	0	315,751	63,922
41.02	CAT Scan	0	4,503	0	0	0	0	0	0	0	0	734,046	148,603
42.00	Radiology - Therapeutic	0	3,455	0	0	0	0	0	0	0	0	490,861	99,372
43.00	Radioisotope	0	2,163	0	0	0	0	0	0	0	0	268,211	54,298
44.00	Laboratory	0	18,286	0	0	0	0	0	0	0	0	2,327,544	471,197
44.01	Pathology	0	472	0	0	0	0	0	0	0	0	123,833	25,069
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	480,831	97,341
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	14,171	0	0	0	0	0	0	0	0	1,191,581	241,228
50.00	Physical Therapy	0	219	0	0	0	0	0	0	0	0	287,598	58,222
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	0	2,608	0	0	0	0	0	0	0	0	327,844	66,370
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	58,259	11,794
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,135,035	432,224
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,455,986	294,755
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	143,540	29,059
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
58.01	GI Lab	0	1,141	0	0	0	0	0	0	0	0	124,867	25,279
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	32,891	0	0	0	0	0	0	0	0	3,079,297	623,384
61.01	OCC Medicine	0	2,929	0	0	0	0	0	0	0	0	351,278	71,114
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 CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	13,502	2,733
96.02	Physician meals	0	0	0	0	0	0	0	0	0	0	0	0
96.03	Foundation	0	0	0	0	0	0	0	0	0	0	264,481	53,542
96.04	Public Relation	0	0	0	0	0	0	0	0	0	0	621,031	125,724
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01		0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		<u>0</u>	<u>405,427</u>	<u>0</u>	<u>50,364,598</u>	<u>8,479,395</u>							

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

	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	209,061	168,748	6,461	146,533	0	36,292	0	74,079	228,626	24	95,830	4,564
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	104,947	84,710	934	73,559	0	25,249	0	14,991	1,980	0	60,172	3,053
41.01	Ultrasound	16,808	13,567	1,705	11,781	0	4,979	0	4,559	0	0	30,249	1,430
41.02	CAT Scan	9,986	8,060	1,705	6,999	0	7,763	0	0	0	0	153,223	5,132
42.00	Radiology - Therapeutic	71,349	57,590	1,280	50,009	0	5,899	0	0	40	0	44,464	5
43.00	Radioisotope	31,370	25,321	0	21,988	0	2,360	0	0	40	0	11,060	946
44.00	Laboratory	66,755	53,883	0	46,790	0	42,239	0	0	923	0	135,804	8,967
44.01	Pathology	13,133	10,601	0	9,205	0	1,581	0	0	0	0	1,266	68
46.00	Whole Blood	8,455	6,825	0	5,926	0	27,986	0	0	0	0	2,114	203
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	11,789	9,516	305	8,263	0	779	0	0	22,354	0	94,609	9,635
50.00	Physical Therapy	41,918	33,835	111	29,381	0	0	0	0	76	0	3,707	363
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	13,814	11,150	177	9,682	0	8,990	0	175	714	0	25,082	1,887
54.00	Electroencephalography	33,003	26,639	0	23,132	0	0	0	0	0	0	1,567	63
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	90,296	0	14,443	1,069
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	1,313,551	132,965	11,406
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	2,020	214
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
58.01	GI Lab	12,487	10,079	265	8,752	0	1,439	0	5,348	2,263	0	3,050	165
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	159,131	128,446	27,432	111,537	0	65,411	0	190,590	15,481	0	279,332	9,441
61.01	OCC Medicine	42,785	34,535	1,128	29,989	0	8,589	0	13,150	503	3,879	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 CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	16,842	13,594	0	11,805	0	0	0	0	0	0	0	0
96.02	Physician meals	0	0	0	0	272,150	0	0	0	0	0	0	0
96.03	Foundation	9,748	7,868	0	6,832	0	0	0	0	0	0	0	0
96.04	Public Relation	10,071	8,129	0	7,059	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01		0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		2,098,320	1,535,648	127,143	1,256,223	1,137,882	642,121	0	1,357,974	395,829	1,317,453	1,535,254	106,213

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST	TOTAL
										STEP-DOWN ADJUSTMENT 26.00	COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	3,747,144		3,747,144
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0		0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0		0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	1,968,088		1,968,088
41.01 Ultrasound	0	0	0	0	0	0	0	0	464,751		464,751
41.02 CAT Scan	0	0	0	0	0	0	0	0	1,075,518		1,075,518
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	820,870		820,870
43.00 Radioisotope	0	0	0	0	0	0	0	0	415,594		415,594
44.00 Laboratory	0	0	0	0	0	0	0	0	3,154,101		3,154,101
44.01 Pathology	0	0	0	0	0	0	0	0	184,757		184,757
46.00 Whole Blood	0	0	0	0	0	0	0	0	629,681		629,681
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0		0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	1,590,059		1,590,059
50.00 Physical Therapy	0	0	0	0	0	0	0	0	455,209		455,209
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0		0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	465,887		465,887
54.00 Electroencephalography	0	0	0	0	0	0	0	0	154,458		154,458
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	2,673,067		2,673,067
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,208,664		3,208,664
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	174,832		174,832
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
58.01 GI Lab	0	0	0	0	0	0	0	0	193,993		193,993
59.01	0	0	0	0	0	0	0	0	0		0
59.02	0	0	0	0	0	0	0	0	0		0
59.03	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	0		0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	0	0	0	4,689,481		4,689,481
61.01 OCC Medicine	0	0	0	0	0	0	0	0	556,951		556,951
71.00	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	58,476		58,476
96.02 Physician meals	0	0	0	0	0	0	0	0	272,150		272,150
96.03 Foundation	0	0	0	0	0	0	0	0	342,472		342,472
96.04 Public Relation	0	0	0	0	0	0	0	0	772,014		772,014
99.01	0	0	0	0	0	0	0	0	0		0
99.02	0	0	0	0	0	0	0	0	0		0
99.03	0	0	0	0	0	0	0	0	0		0
99.04	0	0	0	0	0	0	0	0	0		0
99.05	0	0	0	0	0	0	0	0	0		0
100.00	0	0	0	0	0	0	0	0	0		0
100.01	0	0	0	0	0	0	0	0	0		0
100.02	0	0	0	0	0	0	0	0	0		0
100.03	0	0	0	0	0	0	0	0	0		0
100.04	0	0	0	0	0	0	0	0	0		0
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>50,364,598</u>	<u>0</u>	<u>50,364,598</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

	EMP BENE (GROSS SALARIES)	STAT 6.01 (Rev) (Rev)	STAT 6.02 (Rev) (Rev)	STAT 6.03 (Rev) (Rev)	STAT 6.04 (Rev) (Rev)	STAT 6.05 (Rev) (Rev)	STAT 6.06 (Rev) (Rev)	STAT 6.07 (Rev) (Rev)	STAT 6.08 (Rev) (Rev)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Rev) (Rev)
ANCILLARY COST CENTERS											
37.00	Operating Room	1,332,256								2,309,402	12,289
38.00	Recovery Room									0	
39.00	Delivery Room and Labor Room									0	
40.00	Anesthesiology									0	
41.00	Radiology - Diagnostic	827,596								1,329,370	6,169
41.01	Ultrasound	206,742								315,751	988
41.02	CAT Scan	293,085								734,046	587
42.00	Radiology - Therapeutic	224,867								490,861	4,194
43.00	Radioisotope	140,756								268,211	1,844
44.00	Laboratory	1,190,193								2,327,544	3,924
44.01	Pathology	30,746								123,833	772
46.00	Whole Blood									480,831	497
47.00	Blood Storing and Processing									0	
48.00	Intravenous Therapy									0	
49.00	Respiratory Therapy	922,361								1,191,581	693
50.00	Physical Therapy	14,241								287,598	2,464
51.00	Occupational Therapy									0	
52.00	Speech Pathology									0	
53.00	Electrocardiology	169,739								327,844	812
54.00	Electroencephalography									58,259	1,940
55.00	Medical Supplies Charged to Patients									2,135,035	
56.00	Drugs Charged to Patients									1,455,986	
57.00	Renal Dialysis									143,540	
58.00	ASC (Non-Distinct Part)									0	
58.01	GI Lab	74,256								124,867	734
59.01										0	
59.02										0	
59.03										0	
60.00	Clinic									0	
60.01	Other Clinic Services									0	
61.00	Emergency	2,140,709								3,079,297	9,354
61.01	OCC Medicine	190,641								351,278	2,515
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									13,502	990
96.02	Physician meals									0	
96.03	Foundation									264,481	573
96.04	Public Relation									621,031	592
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00										0	
100.01										0	
100.02										0	
100.03										0	
100.04										0	
TOTAL	26,387,571	0	0	0	0	0	0	0	0	41,885,203	123,343
COST TO BE ALLOCATED	405,427	0	0	0	0	0	0	0	0	8,479,395	2,098,320
UNIT COST MULTIPLIER - SCH 8	0.015364	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.202444	17.012074

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (INPATIENT REVENUE)	STAT	
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	
ANCILLARY COST CENTERS													
37.00	Operating Room	12,289	24,758	12,289			845	1,456,295	26	19,477,959	8,658,628		
38.00	Recovery Room												
39.00	Delivery Room and Labor Room												
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	6,169	3,581	6,169	1,070		171	12,611		12,230,300	5,791,238		
41.01	Ultrasound	988	6,534	988	211		52			6,148,269	2,713,743		
41.02	CAT Scan	587	6,534	587	329					31,143,373	9,734,911		
42.00	Radiology - Therapeutic	4,194	4,906	4,194	250			256		9,037,571	9,179		
43.00	Radioisotope	1,844		1,844	100			256		2,248,012	1,795,405		
44.00	Laboratory	3,924		3,924	1,790			5,882		27,602,748	17,011,241		
44.01	Pathology	772		772	67					257,232	129,623		
46.00	Whole Blood	497		497	1,186					429,741	384,685		
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	693	1,170	693	33			142,391		19,229,725	18,277,361		
50.00	Physical Therapy	2,464	426	2,464				481		753,408	687,918		
51.00	Occupational Therapy												
52.00	Speech Pathology												
53.00	Electrocardiology	812	679	812	381		2	4,546		5,098,127	3,579,796		
54.00	Electroencephalography	1,940		1,940						318,568	119,016		
55.00	Medical Supplies Charged to Patients							575,165		2,935,617	2,028,043		
56.00	Drugs Charged to Patients								1,427,138	27,025,827	21,638,546		
57.00	Renal Dialysis									410,528	405,431		
58.00	ASC (Non-Distinct Part)												
58.01	GI Lab	734	1,014	734	61		61	14,412		619,881	312,420		
59.01													
59.02													
59.03													
60.00	Clinic												
60.01	Other Clinic Services												
61.00	Emergency	9,354	105,124	9,354	2,772		2,174	98,610		56,775,532	17,909,377		
61.01	OCC Medicine	2,515	4,323	2,515	364		150	3,207	4,214	39	39		
71.00													
82.00													
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	990		990									
96.02	Physician meals				28,225								
96.03	Foundation	573		573									
96.04	Public Relation	592		592									
99.01													
99.02													
99.03													
99.04													
99.05													
100.00													
100.01													
100.02													
100.03													
100.04													
	TOTAL	111,833	487,229	105,353	118,011	27,212	0	15,490	2,521,345	1,431,378	312,047,703	201,491,846	0
	COST TO BE ALLOCATED	1,535,648	127,143	1,256,223	1,137,882	642,121	0	1,357,974	395,829	1,317,453	1,535,254	106,213	0
	UNIT COST MULTIPLIER - SCH 8	13.731614	0.260951	11.923940	9.642170	23.596965	0.000000	87.667764	0.156991	0.920409	0.004920	0.000527	0.000000

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

	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)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
6.04							
6.05							
6.06							
6.07							
6.08							
6.00							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00							
26.00							
27.00							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

TRIAL BALANCE OF EXPENSES

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	415,468	0	415,468
4.00	New Cap Rel Costs-Movable Equipment	1,509,771	0	1,509,771
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	389,538	0	389,538
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	8,261,832	0	8,261,832
7.00	Maintenance and Repairs	1,659,817	0	1,659,817
8.00	Operation of Plant	957,285	0	957,285
9.00	Laundry and Linen Service	54,181	0	54,181
10.00	Housekeeping	833,966	0	833,966
11.00	Dietary	697,871	0	697,871
12.00	Cafeteria	196,646	0	196,646
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	1,069,960	0	1,069,960
15.00	Central Services & Supply	245,326	0	245,326
16.00	Pharmacy	966,256	0	966,256
17.00	Medical Records and Library	1,109,350	0	1,109,350
18.00	Social Service	73,184	0	73,184
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)	11,044,125	0	11,044,125
26.00	Intensive Care Unit	3,273,330	0	3,273,330
27.00	Coronary Care Unit	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0
29.00	Surgical Intensive Care	0	0	0
30.00	Subprovider I	0	0	0
31.00	Subprovider II	0	0	0
32.00		0	0	0
33.00	Nursery	0	0	0
34.00	Medicare Certified Nursing Facility	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	0	0	0
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 2,121,330	\$ 0	\$ 2,121,330
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	0	0	0
40.00	Anesthesiology	0	0	0
41.00	Radiology - Diagnostic	1,232,519	0	1,232,519
41.01	Ultrasound	299,100	0	299,100
41.02	CAT Scan	721,537	0	721,537
42.00	Radiology - Therapeutic	430,207	0	430,207
43.00	Radioisotope	240,899	0	240,899
44.00	Laboratory	2,255,740	0	2,255,740
44.01	Pathology	112,832	0	112,832
46.00	Whole Blood	474,053	0	474,053
47.00	Blood Storing and Processing	0	0	0
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	1,167,958	0	1,167,958
50.00	Physical Therapy	253,774	0	253,774
51.00	Occupational Therapy	0	0	0
52.00	Speech Pathology	0	0	0
53.00	Electrocardiology	314,162	0	314,162
54.00	Electroencephalography	31,800	0	31,800
55.00	Medical Supplies Charged to Patients	2,135,035	0	2,135,035
56.00	Drugs Charged to Patients	1,455,986	0	1,455,986
57.00	Renal Dialysis	143,540	0	143,540
58.00	ASC (Non-Distinct Part)	0	0	0
58.01	GI Lab	113,716	0	113,716
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	2,918,833	0	2,918,833
61.01	OCC Medicine	314,048	0	314,048
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	\$ 49,494,975	\$ 0	\$ 49,494,975
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
96.02	Physician meals	0	0	0
96.03	Foundation	256,666	0	256,666
96.04	Public Relation	612,957	0	612,957
99.01		0	0	0
99.02		0	0	0
99.03		0	0	0
99.04		0	0	0
99.05		0	0	0
100.00		0	0	0
100.01		0	0	0
100.02		0	0	0
100.03		0	0	0
100.04		0	0	0
100.99	SUBTOTAL	\$ 869,623	\$ 0	\$ 869,623
101	TOTAL	\$ 50,364,598	\$ 0	\$ 50,364,598

(To Schedule 8)

Provider Name:
COMMUNITY HOSPITAL OF LONG BEACH

Fiscal Period Ended:
SEPTEMBER 30, 2009

	TOTAL REV (Page 1 & 2)	AUDIT REV											
ANCILLARY COST CENTERS													
37.00 Operating Room	0												
38.00 Recovery Room	0												
39.00 Delivery Room and Labor Room	0												
40.00 Anesthesiology	0												
41.00 Radiology - Diagnostic	0												
41.01 Ultrasound	0												
41.02 CAT Scan	0												
42.00 Radiology - Therapeutic	0												
43.00 Radioisotope	0												
44.00 Laboratory	0												
44.01 Pathology	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												
58.01 GI Lab	0												
59.01	0												
59.02	0												
59.03	0												
60.00 Clinic	0												
60.01 Other Clinic Services	0												
61.00 Emergency	0												
61.01 OCC Medicine	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												
96.02 Physician meals	0												
96.03 Foundation	0												
96.04 Public Relation	0												
99.01	0												
99.02	0												
99.03	0												
99.04	0												
99.05	0												
100.00	0												
100.01	0												
100.02	0												
100.03	0												
100.04	0												
101.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name							Fiscal Period		Provider Number		Revisions
COMMUNITY HOSPITAL OF LONG BEACH							OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009		HSP30004F		1
Report References							Explanation of Audit Corrections		As Revised	Increase (Decrease)	As Corrected
Cost Report											
Rev. No.	Audit Report	Work Sheet	Part	Title	Line	Col.					
1							<p style="text-align: center;"><u>MEMORANDUM CORRECTION</u></p> <p>To correct recomputation revisions that did not flow to schedules A-2, A-3 and A.</p>				