

**REPORT
ON THE
COST REPORT REVIEW**

**GOOD SAMARITAN HOSPITAL
BAKERSFIELD, CALIFORNIA
PROVIDER NUMBER: HSC/ZZT30257G
NPI NUMBER: 1205852209**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

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

**Section Chief: Michael Harrold
Audit Supervisor: Kathy Atkins
Auditor: Jeffrey Swan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 4, 2012

Tim Kollars, CEO
Good Samaritan Hospital
901 Olive Drive
Bakersfield, CA 93308-4137

PROVIDER: GOOD SAMARITAN HOSPITAL
PROVIDER NO. HSC30257G
NPI NO. 1205852209
FISCAL PERIOD ENDED DECEMBER 31, 2008

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal Paid Claims Summary Report, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$950 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Audit Adjustments Schedule

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

Tim Kollars
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Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status. Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services, MS 0010
PO Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services, MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814-5005
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT30257G		
Reported	\$ 0	
Net Change	\$ (950)	
Audited Amount Due Provider (State)	\$ (950)	
2. Subprovider I (SCHEDULE 1-1) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No. HSC30257G		
Reported		\$ 8,491,133
Net Change		\$ (2,762,471)
Audited Cost		\$ 5,728,662
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (950)	
9. Total Medi-Cal Cost		\$ 5,728,662

SUMMARY OF FINDINGS

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
11. Rural Health Clinic (RHC SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
14. County Medical Services Program (CMSP SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
15. Transitional Care (TC SCH 1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
16. Total Other Settlement	Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Audited Settlement Due	Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (950)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZT30257G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 0	\$ 4,859
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.	\$ 0	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 0	\$ 4,859
6. Interim Payments (Adj 13)	\$ 0	\$ (5,809)
7. Balance Due Provider (State)	\$ 0	\$ (950)
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (950)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
GOOD SAMARITAN HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT30257G

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 0	\$ 4,859
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 12)	\$ 0	\$ 3,107
3. Inpatient Ancillary Service Charges (Adj 12)	\$ 0	\$ 6,417
4. Total Charges - Medi-Cal Inpatient Services	\$ 0	\$ 9,524
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 0	\$ 4,665
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ 0	\$ 0
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
GOOD SAMARITAN HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT30257G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 1,752
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 3,107
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4.	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 0	\$ 4,859
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 0	\$ 4,859
	(To Schedule 2)	
9. Coinsurance (Adj)	\$ 0	\$ 0
10. Patient and Third Party Liability (Adj)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 4,859
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
GOOD SAMARITAN HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT30257G

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 8)	21,784	22,541
2. Inpatient Days (include private, exclude swing-bed)	21,784	22,541
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 7)	21,784	22,541
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 15,811,077	\$ 15,145,958
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 15,811,077	\$ 15,145,958

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 23,713,439	\$ 23,713,439
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 23,713,439	\$ 23,713,439
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.666756	\$ 0.638708
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 1,088.57	\$ 1,052.01
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 15,811,077	\$ 15,145,958

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 725.81	\$ 671.93
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 3,107
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 3,107

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
GOOD SAMARITAN HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT30257G

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 396,312	\$ 1,009,661
7. Total Inpatient Days (Adj)	926	926
8. Average Per Diem Cost	\$ 427.98	\$ 1,090.35
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 10)	\$ 0.00	\$ 310.68
27. Medi-Cal Inpatient Days (Adj 10)	0	10
28. Cost Applicable to Medi-Cal	\$ 0	\$ 3,107
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 3,107

(To Schedule 4)

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT30257G

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

(To Schedule 3)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC30257G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 8,491,133	\$ 5,728,662
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.	\$ 0	\$ 0
5. Subtotal (Sum of Lines 1 through 4)	\$ 8,491,133	\$ 5,728,662
6.	\$ 0	\$ 0
7.	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 8,491,133	\$ 5,728,662
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
10. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0
11.	\$ 0	\$ 0
12.	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0
	(To Summary of Findings)	

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

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC30257G

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>8,494,907</u>	\$ <u>5,825,758</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 16)	\$ <u>9,164,974</u>	\$ <u>6,162,700</u>
3. Inpatient Ancillary Service Charges (Adj 16)	\$ <u>6,487,355</u>	\$ <u>6,280,430</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>15,652,329</u>	\$ <u>12,443,130</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>7,157,422</u>	\$ <u>6,617,372</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

**Provider Name:
GOOD SAMARITAN HOSPITAL**

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

**Provider No:
HSC30257G**

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>2,028,337</u>	\$ <u>1,925,660</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>6,466,570</u>	\$ <u>3,900,098</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>8,494,907</u>	\$ <u>5,825,758</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ <u>Contract Sch 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>8,494,907</u>	\$ <u>5,825,758</u> (To Contract Sch 2)
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj 17)	\$ <u>(3,774)</u>	\$ <u>(97,096)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>8,491,133</u></u>	\$ <u><u>5,728,662</u></u> (To Contract Sch 1)

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

**Provider Name:
GOOD SAMARITAN HOSPITAL**

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

**Provider No:
HSC30257G**

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 8)	21,784	22,541
2. Inpatient Days (include private, exclude swing-bed)	21,784	22,541
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 7)	21,784	22,541
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 14)	8,673	5,767

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 15,811,077	\$ 15,145,958
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 15,811,077	\$ 15,145,958

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 23,713,439	\$ 23,713,439
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 23,713,439	\$ 23,713,439
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.666756	\$ 0.638708
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 1,088.57	\$ 1,052.01
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 15,811,077	\$ 15,145,958

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 725.81	\$ 671.93
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 6,294,950	\$ 3,875,020
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 171,620	\$ 25,078
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 6,466,570	\$ 3,900,098

(To Contract Sch 3)

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

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC30257G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 396,312	\$ 1,009,661
7. Total Inpatient Days (Adj)	926	926
8. Average Per Diem Cost	\$ 427.98	\$ 1,090.35
9. Medi-Cal Inpatient Days (Adj 14)	401	23
10. Cost Applicable to Medi-Cal	\$ 171,620	\$ 25,078
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 171,620	\$ 25,078

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC30257G

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Contract Sch 4)

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC30257G

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

(To Contract Sch 3)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	80,852	0	0	0	0	0	0	0	0	882,788	199,629
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	300,777	68,016
41.00 Radiology - Diagnostic	0	35,088	0	0	0	0	0	0	0	0	426,819	96,519
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	71,684	0	0	0	0	0	0	0	0	1,254,762	283,745
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	60,293	13,634
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	48,620	0	0	0	0	0	0	0	0	476,162	107,677
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	17,992	4,069
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	135,633	30,671
56.00 Drugs Charged to Patients	0	170	0	0	0	0	0	0	0	0	870,246	196,793
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 Psych Day Care	0	85,819	0	0	0	0	0	0	0	0	802,595	181,495
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Med Transport	0	6,790	0	0	0	0	0	0	0	0	316,200	71,504
100.02 Urgent Care	0	0	0	0	0	0	0	0	0	0	810,339	183,246
100.03 Non Reimb. - Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	1,773,207	0	0	0	0	0	0	0	0	25,710,994	4,741,852

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES

ANCILLARY COST CENTERS

	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
37.00 Operating Room	38,519	82,570	5,471	44,720	0	21,145	0	59,631	2,060	108,072	37,428	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	1,827	0
41.00 Radiology - Diagnostic	14,185	30,406	3,055	16,468	0	6,417	0	0	45	29,989	13,820	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	6,862	14,708	0	7,966	0	17,601	0	0	12,068	40,635	37,855	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	517	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	4,869	10,437	0	5,653	0	12,852	0	0	864	49,138	26,581	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	2,519	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	160	0	7,002	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	72,718	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 Psych Day Care	0	0	0	0	0	34,324	0	96,267	5	1,236	39,843	468,150
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Med Transport	0	0	0	0	0	3,923	0	0	0	0	0	0
100.02 Urgent Care	14,214	30,469	2,397	16,502	0	0	0	0	0	0	0	0
100.03 Non Reimb. - Meals	0	0	0	0	209,612	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	690,905	1,270,106	174,203	660,439	1,251,195	335,288	0	712,988	22,863	1,244,602	531,664	468,150

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL	POST STEP-DOWN ADJUSTMENT	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	1,482,031	0	1,482,031
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	370,620	0	370,620
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	637,723	0	637,723
41.01	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	0	0	0	0	0	0	0	1,676,201	0	1,676,201
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	74,444	0	74,444
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	694,233	0	694,233
51.00 Occupational Therapy	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
53.00 Electrocardiography	0	0	0	0	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	24,579	0	24,579
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	173,306	0	173,306
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	1,139,916	0	1,139,916
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 Psych Day Care	0	0	0	0	0	0	0	0	1,623,915	0	1,623,915
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0
100.01 Med Transport	0	0	0	0	0	0	0	0	391,626	0	391,626
100.02 Urgent Care	0	0	0	0	0	0	0	0	1,057,168	0	1,057,168
100.03 Non Reimb. - Meals	0	0	0	0	0	0	0	0	209,612	0	209,612
100.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	25,710,994	0	25,710,994

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.1

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES) (Adj)	STAT (Adj)	STAT (Adj)	STAT (Adj)	STAT (Adj)	STAT (Adj)	STAT (Adj)	STAT (Adj)	STAT (Adj)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj)
ANCILLARY COST CENTERS											
37.00	637,728									882,788	3,924
38.00										0	
39.00										0	
40.00										300,777	
41.00	276,764									426,819	1,445
41.01										0	
41.02										0	
42.00										0	
43.00										0	
44.00										1,254,762	699
44.01										0	
46.00										60,293	
47.00										0	
48.00										0	
49.00	383,493									476,162	496
50.00										0	
51.00										0	
52.00										0	
53.00										17,992	
54.00										0	
55.00										135,633	
56.00	1,337									870,246	
57.00										0	
58.00										0	
59.00										802,595	
59.01	676,909									0	
59.02										0	
59.03										0	
60.00										0	
60.01										0	
61.00										0	
62.00										0	
71.00										0	
82.00										0	
83.00										0	
84.00										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00										0	
97.00										0	
98.00										0	
99.00										0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00										0	
100.01	53,554									316,200	
100.02										810,339	1,448
100.03										0	
100.04										0	
TOTAL	13,986,357	0	0	0	0	0	0	0	0	20,969,142	70,383
COST TO BE ALLOCATED	1,773,207	0	0	0	0	0	0	0	0	4,741,852	690,905
UNIT COST MULTIPLIER - SCH 8	0.126781	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.226135	9.816361

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:
GOOD SAMARITAN HOSPITAL

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 7)	CAFETERIA (FTE'S) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (C-ST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS CHARGES) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT
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	421											
10.00	1,988											
11.00	5,268		5,268									
12.00				35,941								
13.00												
14.00	149		149		543							
15.00	512		512									
16.00	732		732		826							
17.00	1,628		1,628		606							
18.00					402							
19.00												
19.02												
19.03												
20.00												
21.00												
22.00												
23.00												
24.00												
25.00	39,112	150,556	39,112	78,379	11,516		264,648	208,761	73,605	23,713,439		
26.00	2,538	13,447	2,538	784				7,985	320	1,397,400		
27.00												
28.00												
29.00												
30.00												
31.00												
32.00												
33.00												
34.00												
35.00												
36.00												
36.01												
36.02												

IMPATIENT ROUTINE COST CENTERS

- Adults & Pediatrics (Gen Routine)
- Intensive Care Unit
- Coronary Care Unit
- Neonatal Intensive Care Unit
- Surgical Intensive Care
- Subprovider I
- Subprovider II
- Nursery
- Medicare Certified Nursing Facility
- Distinct Part Nursing Facility
- Adult Subacute Care Unit
- Subacute Care Unit II
- Transitional Care Unit

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:
GOOD SAMARITAN HOSPITAL

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 7)	CAFETERIA (FTE'S) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS CHARGES) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT (Adj)
ANCILLARY COST CENTERS												
37.00	3,924	5,495	3,924		1,229		28,328	58,263	7,867	3,223,549		
38.00												
39.00												
40.00												
41.00	1,445	3,069	1,445		373		14,000	1,275	2,183	157,371	18,000	19,000
41.01												
41.02												
42.00												
43.00												
44.00	699		699		1,023		14,000	341,385	2,958	3,260,325		
44.01												
46.00										44,532		
47.00												
48.00												
49.00	496		496		747		14,000	24,430	3,577	2,289,387		
50.00												
51.00												
52.00												
53.00										216,923		
54.00												
55.00										603,050		
56.00								4,518		6,262,980		
57.00												
58.00												
59.00												
59.01					1,995		45,732	155	90	3,431,592		100
59.02												
59.03												
60.00												
60.01												
61.00												
62.00												
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00												
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00												
100.01												
100.02	1,448	2,408	1,448		228							
100.03												
100.04												
TOTAL	60,360	174,975	57,951	138,268	19,488	0	338,708	646,772	90,600	45,790,866	100	0
COST TO BE ALLOCATED	1,270,106	174,203	660,439	1,251,195	335,288	0	712,988	22,863	1,244,602	531,664	468,150	0
UNIT COST MULTIPLIER - SCH 8	21,042184	0.995590	11.396506	9.049054	17.204860	0.000000	2.105023	0.035349	13.737333	0.011611	4681.498824	0.000000

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

GENERAL SERVICE COST CENTERS

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
1.00	19.02	19.03	20.00	21.00	22.00	23.00	24.00
2.00	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
6.04							
6.05							
6.06							
6.07							
6.08							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
25.00							
26.00							
27.00							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

IMPATIENT ROUTINE COST CENTERS

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

TRIAL BALANCE OF EXPENSES

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	201,386	0	201,386
4.00	New Cap Rel Costs-Movable Equipment		0	0
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	1,772,841	0	1,772,841
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	4,472,312	(16,166)	4,456,146
7.00	Maintenance and Repairs	286,977	211,785	498,762
8.00	Operation of Plant	1,033,831	(130,473)	903,358
9.00	Laundry and Linen Service	130,656	0	130,656
10.00	Housekeeping	441,801	(522)	441,279
11.00	Dietary	676,752	117,627	794,379
12.00	Cafeteria	120,062	(120,062)	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	513,188	0	513,188
15.00	Central Services & Supply		0	0
16.00	Pharmacy	896,227	(11,132)	885,095
17.00	Medical Records and Library	342,918	(15)	342,903
18.00	Social Service	335,182	0	335,182
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	8,301,034	(572,388)	7,728,646
26.00	Intensive Care Unit	199,549	497,718	697,267
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery		0	0
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 822,020	\$ (27,762)	\$ 794,258
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room		0	0
40.00	Anesthesiology	300,777	0	300,777
41.00	Radiology - Diagnostic	430,418	(41,515)	388,903
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	1,201,526	(19,816)	1,181,710
44.01	Pathological Lab		0	0
46.00	Whole Blood	60,293	0	60,293
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	430,948	(4,376)	426,572
50.00	Physical Therapy		0	0
51.00	Occupational Therapy		0	0
52.00	Speech Pathology		0	0
53.00	Electrocardiology	17,992	0	17,992
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	135,633	0	135,633
56.00	Drugs Charged to Patients	779,476	90,600	870,076
57.00	Renal Dialysis		0	0
58.00	ASC (Non-Distinct Part)		0	0
59.00			0	0
59.01	Psych Day Care	716,866	(90)	716,776
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency		0	0
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 24,620,665	\$ (26,587)	\$ 24,594,078
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00			0	0
100.01	Med Transport	309,410	0	309,410
100.02	Urgent Care	808,318	(812)	807,506
100.03	Non Reimb. - Meals		0	0
100.04			0	0
100.99	SUBTOTAL	\$ 1,117,728	\$ (812)	\$ 1,116,916
101	TOTAL	\$ 25,738,393	\$ (27,399)	\$ 25,710,994

(To Schedule 8)

Provider Name:
GOOD SAMARITAN HOSPITAL

Page 1
Fiscal Period Ended:
DECEMBER 31, 2008

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
ANCILLARY COST CENTERS															
37.00 Operating Room	(27,762)			(7,866)	(19,896)										
38.00 Recovery Room	0														
39.00 Delivery Room and Labor Room	0														
40.00 Anesthesiology	0														
41.00 Radiology - Diagnostic	(41,515)			(2,184)	(39,331)										
41.01	0														
41.02	0														
42.00 Radiology - Therapeutic	0														
43.00 Radioisotope	0														
44.00 Laboratory	(19,816)			(2,958)	(16,858)										
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	(4,376)			(3,577)	(799)										
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	90,600			90,600											
57.00 Renal Dialysis	0														
58.00 ASC (Non-Distinct Part)	0														
59.00	0														
59.01 Psych Day Care	(90)			(90)											
59.02	0														
59.03	0														
60.00 Clinic	0														
60.01 Other Clinic Services	0														
61.00 Emergency	0														
62.00 Observation Beds	0														
71.00	0														
82.00	0														
83.00	0														
84.00	0														
85.00	0														
86.00	0														
NONREIMBURSABLE COST CENTERS															
96.00 Gift, Flower, Coffee Shop & Canteen	0														
97.00 Research	0														
98.00 Physicians' Private Office	0														
99.00 Nonpaid Workers	0														
99.01	0														
99.02	0														
99.03	0														
99.04	0														
99.05	0														
100.00	0														
100.01 Med Transport	0														
100.02 Urgent Care	(812)				(812)										
100.03 Non Reimb. - Meals	0														
100.04	0														
101.00 TOTAL	(\$27,399)	0	0	0	0	0	(27,399)	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name:

GOOD SAMARITAN HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ

GENERAL SERVICE COST CENTER

- 1.00 Old Cap Rel Costs-Bldg & Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg & Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment

- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08

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

- 6.08
- 6.00 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00

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

INPATIENT ROUTINE COST CENTERS

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

Provider Name		Fiscal Period		Provider Number		Adjustments		
GOOD SAMARITAN HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30257G		17		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
RECLASSIFICATIONS OF REPORTED COSTS								
1	10A 10A	A A	11.00 12.00	Dietary Cafeteria	7 7	\$676,752 120,062	\$162,663 (162,663)	\$839,415 * (42,601) *
To reverse the provider's cafeteria reclassification for proper cost reporting.								
42 CFR 413.20 and 413.24								
CMS Pub. 15-1, Sections 2304 and 2307								
2	10A 10A	A A	12.00 11.00	Cafeteria Dietary	7 7	(\$42,601) 839,415	\$42,601 (42,601)	\$0 796,814 *
To reclassify the provider's revenue offset for proper cost reporting.								
42 CFR 413.20 and 413.24								
CMS Pub. 15-1, Sections 2304 and 2307								
3	10A 10A 10A 10A 10A 10A 10A 10A	A A A A A A A A	56.00 25.00 26.00 37.00 41.00 44.00 49.00 59.01	Drugs Charged to Patients Adults & Pediatrics Intensive Care Unit Operating Room Radiology - Diagnostic Laboratory Respiratory Therapy Psych Day Care	7 7 7 7 7 7 7 7	\$779,476 8,301,034 199,549 822,020 430,418 1,201,526 430,948 716,866	\$90,600 (73,605) (320) (7,866) (2,184) (2,958) (3,577) (90)	\$870,076 8,227,429 * 199,229 * 814,154 * 428,234 * 1,198,568 * 427,371 * 716,776
To adjust the provider's reclassification of drugs sold to patients to agree with provider's general ledger.								
42 CFR 413.20, 413.24 and 413.5								
CMS Pub. 15-1, Sections 2304 and 2306								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
GOOD SAMARITAN HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30257G		17		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
RECLASSIFICATIONS OF REPORTED COSTS								
4	10A	A		7.00		\$286,977	\$211,785	\$498,762
	10A	A		6.00	Maintenance and Repairs	4,472,312	(16,166)	4,456,146
	10A	A		8.00	Administrative and General	1,033,831	(103,074)	930,757 *
	10A	A		10.00	Operation of Plant	441,801	(522)	441,279
	10A	A		11.00	Housekeeping	796,814	(2,435)	794,379
	10A	A		16.00	Dietary	896,227	(11,132)	885,095
	10A	A		17.00	Pharmacy	342,918	(15)	342,903
	10A	A		25.00	Medical Records and Library	8,227,429	(576)	8,226,853 *
	10A	A		26.00	Adults & Pediatrics	199,229	(169)	199,060 *
	10A	A		37.00	Intensive Care Unit	814,154	(19,896)	794,258
	10A	A		41.00	Operating Room	428,234	(39,331)	388,903
	10A	A		44.00	Radiology - Diagnostic	1,198,568	(16,858)	1,181,710
	10A	A		49.00	Laboratory	427,371	(799)	426,572
	10A	A		100.02	Respiratory Therapy	808,318	(812)	807,506
					Urgent Care			
					To reclassify maintenance and repairs expense for proper cost determination.			
					42 CFR 413.20, 413.24 and 413.50			
					CMS Pub. 15-1, Sections 2300, 2302.4b, 2304 and 2306			
5	10A	A		25.00	Adults & Pediatrics	\$8,226,853	(\$498,207)	\$7,728,646
	10A	A		26.00	Intensive Care Unit	199,060	498,207	697,267
					To reclassify expense from adults & pediatrics to intensive care unit based on total charges.			
					42 CFR 413.5, 413.9, 413.20 and 413.24			
					CMS Pub. 15-1, Sections 2300, 2304 and 2818.6			

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
GOOD SAMARITAN HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30257G		17		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
6	10A	A	8.00	7	Operation of Plant To eliminate patient television cost. 42 CFR 413.5, 413.9(c)(3) and 413.24 CMS Pub. 15-1, Sections 2102.3, 2106.1 and 2304	\$930,757	(\$27,399)	\$903,358
* ADJUSTMENT TO REPORTED COSTS								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
GOOD SAMARITAN HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30257G		17		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
7	9	B-1		12.00	11	0	35,941	35,941
	9	B-1		11.00	11	102,327	35,941	138,268
<p style="text-align: center;">ADJUSTMENT TO REPORTED STATISTICS</p> <p> Cafeteria (Meals Served) Total Meals Served To adjust meals served statistics to agree with provider's meal count. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 </p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
GOOD SAMARITAN HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30257G		17		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
8	4	D-1	I	XIX	1.00	1	21,784	22,541
	4	D-1	I	XIX	4.00	1	21,784	22,541
<p style="text-align: center;">ADJUSTMENT TO REPORTED PATIENT DAYS</p> <p>Total Inpatient Days - Adults and Pediatrics Semi-Private Room Days To adjust patient days to agree with the provider's patient census records. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
GOOD SAMARITAN HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30257G		17		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
9	5	C	41.00	8	Radiology - Diagnostic	\$1,190,318	(\$30,000)	\$1,160,318
<p>ADJUSTMENT TO REPORTED TOTAL CHARGES</p> <p>To adjust total charges to agree with the provider's general ledger and for proper matching of revenues and expenses. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2206, 2206.1 and 2304</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
GOOD SAMARITAN HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30257G		17		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT								
10	4A	Not Reported				0	10	
	4A	Not Reported				\$0	\$310.68	\$310.68
11	6	Not Reported				\$0	\$161	\$161
	6	Not Reported				0	1,584	1,584
	6	Not Reported				0	4,672	4,672
	6	Not Reported				0	6,417	6,417
12	2	Not Reported				\$0	\$3,107	\$3,107
	2	Not Reported				0	6,417	6,417
13	1	Not Reported				\$0	\$5,809	\$5,809

Medi-Cal Administrative Days
 Medi-Cal Administrative Days Rate
 Medi-Cal Ancillary Charges - Radiology - Diagnostic
 Medi-Cal Ancillary Charges - Laboratory
 Medi-Cal Ancillary Charges - Drugs Charged to Patients
 Medi-Cal Ancillary Charges - Total
 Medi-Cal Routine Charges - Total
 Medi-Cal Ancillary Charges - Total
 Medi-Cal Interim Payments

To adjust Medi-Cal Settlement Data to agree with the following
 Paid Claims Summary:
 Report Date: 11/04/2008
 Payment Period: 01/01/2008 through 09/30/2010
 Service Period: 01/01/2008 through 12/31/08
 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139
 CMS Pub. 15-1, Sections 2304, 2404 and 2408
 CCR, Title 22, Section 51541

Provider Name		Fiscal Period		Provider Number		Adjustments				
GOOD SAMARITAN HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30257G		17				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report							
			Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
14	Contract 4 Contract 4A	D-1 D-1	I II	XIX XIX	9.00 43.00	1 4	Medi-Cal Inpatient Days - Adults and Pediatrics Medi-Cal Inpatient Days - Intensive Care Unit	8,673 401	(2,906) (378)	5,767 23
15	Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6	D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4	XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX	XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX	37.00 40.00 41.00 44.00 46.00 49.00 53.00 55.00 56.00 101.00	2 2 2 2 2 2 2 2 2 2 2	Medi-Cal Ancillary Charges - Operating Room Medi-Cal Ancillary Charges - Anesthesiology Medi-Cal Ancillary Charges - Radiology - Diagnostic Medi-Cal Ancillary Charges - Laboratory Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells Medi-Cal Ancillary Charges - Respiratory Therapy Medi-Cal Ancillary Charges - Electrocardiology Medi-Cal Ancillary Charges - Medical Supplies Charged to Patient Medi-Cal Ancillary Charges - Drugs Charged to Patients Medi-Cal Ancillary Charges - Total	\$340,839 32,260 368,299 1,212,041 13,819 1,242,736 71,623 171,610 3,034,128 6,487,355	(\$109,322) (1,014) (58,896) (239,041) 312 (86,179) 11,998 378,493 (103,276) (206,925)	\$231,517 31,246 309,403 973,000 14,131 1,156,557 83,621 550,103 2,930,852 6,280,430
16	Contract 2 Contract 2	E-3 E-3	III III	XIX XIX	10.00 11.00	1 1	Medi-Cal Routine Charges - Total Medi-Cal Ancillary Charges - Total	\$9,164,974 6,487,355	(\$3,002,274) (206,925)	\$6,162,700 6,280,430
17	Contract 3	E-3	III	XIX	33.00	1	Patient Liability/Other Coverage	\$3,774	\$93,322	\$97,096
<p>To adjust Medi-Cal Settlement Data to agree with the following Paid Claims Summary: Report Date: 11/04/2008 Payment Period: 01/01/2008 through 09/30/2010 Service Period: 01/01/2008 through 12/31/08 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>										