

**REPORT
ON THE
COST REPORT REVIEW
GREATER EL MONTE COMMUNITY HOSPITAL
SOUTH EL MONTE, CALIFORNIA
PROVIDER NUMBERS: HSC30615I, LTC70127G
AND NPI 1346232881
FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Celia Avina
Auditor: Alison Dowling**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

April 19, 2010

Linda Marsh
Senior Vice President
AHMC Healthcare, Inc.
55 South Raymond Avenue, Suite 105
Alhambra, CA 91801

PROVIDER: GREATER EL MONTE COMMUNITY HOSPITAL
PROVIDER NOS. HSC30615I / LTC70127G / NPI 1346232881
FISCAL PERIOD ENDED JUNE 30, 2008

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$3,159, 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 Contract Cost (CONTRACT Schedules)
3. Computation of Subacute Per Diem (ADULT SUBACUTE Schedules)
4. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Linda Marsh
Page 2

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

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

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

Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814-2825
(916) 322-5603

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

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

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

Certified

SUMMARY OF FINDINGS

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1)		
Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
2. Subprovider I (SCHEDULE 1-1)		
Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2)		
Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1)		
Provider No. HSC30615I		
Reported		\$ 10,636,674
Net Change		\$ (1,221,064)
Audited Cost		\$ 9,415,610
Audited Amount Due Provider (State)	\$ (656)	
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. LTC70127G		
Reported		\$ 918.71
Net Change		\$ (54.01)
Audited Cost Per Day		\$ 864.70
Audited Amount Due Provider (State)	\$ (2,503)	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (3,159)	
9. Total Medi-Cal Cost		\$ 9,415,610

SUMMARY OF FINDINGS

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement	Due Provider (State) - (Lines 10 through 15)	\$ 0	
17. Total Combined Audited Settlement Due	Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (3,159)	

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30615I

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>10,636,674</u>	\$ <u>9,415,610</u>
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>10,636,674</u>	\$ <u>9,415,610</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>10,636,674</u>	\$ <u>9,415,610</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Medi-Cal Credit Balances (Adj 31)	\$ <u>0</u>	\$ <u>(656)</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>(656)</u>
	(To Summary of Findings)	

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

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30615I

REPORTED	AUDITED
----------	---------

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>10,636,674</u>	\$ <u>9,593,086</u>
--	----------------------	---------------------

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 25)	\$ <u>11,494,504</u>	\$ <u>10,626,340</u>
---	----------------------	----------------------

3. Inpatient Ancillary Service Charges (Adj 25)	\$ <u>37,877,476</u>	\$ <u>38,746,646</u>
---	----------------------	----------------------

4. Total Charges - Medi-Cal Inpatient Services	\$ <u>49,371,980</u>	\$ <u>49,372,986</u>
--	----------------------	----------------------

5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>38,735,306</u>	\$ <u>39,779,900</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:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30615I

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>5,021,153</u>	\$ <u>4,425,848</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>5,615,521</u>	\$ <u>5,167,238</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>10,636,674</u>	\$ <u>9,593,086</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>10,636,674</u>	\$ <u>9,593,086</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 26)	\$ <u>0</u>	\$ <u>(165,702)</u>
10. Patient and Third Party Liability (Adj 26)	\$ <u>0</u>	\$ <u>(11,774)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>10,636,674</u>	\$ <u>9,415,610</u>
	(To Contract Sch 1)	

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

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC306151

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	12,944	12,944
2. Inpatient Days (include private, exclude swing-bed)	12,944	12,944
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	12,944	12,944
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 23)	5,803	4,673

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)	\$ 10,665,168	\$ 9,853,119
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)	\$ 10,665,168	\$ 9,853,119

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 21,115,702	\$ 21,115,702
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.505082	\$ 0.466625
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)	\$ 0.00	\$ 0.00
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)	\$ 10,665,168	\$ 9,853,119

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 823.95	\$ 761.21
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 4,781,382	\$ 3,557,134
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 834,139	\$ 1,610,104
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 5,615,521	\$ 5,167,238

(To Contract Sch 3)

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

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC306151

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 886,656	\$ 848,337
2. Total Inpatient Days (Adj)	2,548	2,548
3. Average Per Diem Cost	\$ 347.98	\$ 332.94
4. Medi-Cal Inpatient Days (Adj 23)	931	907
5. Cost Applicable to Medi-Cal	\$ 323,969	\$ 301,977
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,346,479	\$ 4,135,559
7. Total Inpatient Days (Adj)	2,820	2,820
8. Average Per Diem Cost	\$ 1,541.30	\$ 1,466.51
9. Medi-Cal Inpatient Days (Adj 23)	331	892
10. Cost Applicable to Medi-Cal	\$ 510,170	\$ 1,308,127
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)	\$ 834,139	\$ 1,610,104

(To Contract Sch 4)

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

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30615I

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

(To Contract Sch 4)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30615I

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 24)	AUDITED
37.00	Operating Room	\$ 2,153,614	\$ (44,999)	\$ 2,108,615
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room	1,660,290	(745,471)	914,819
40.00	Anesthesiology	471,687	(25,439)	446,248
41.00	Radiology - Diagnostic	2,981,824	562,619	3,544,443
41.01				0
41.02				0
42.00	Radiology - Therapeutic			0
43.00	Radioisotope			0
44.00	Laboratory	6,741,536	2,082,886	8,824,422
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	7,062,752	(2,673,561)	4,389,191
50.00	Physical Therapy	114,197	(51,996)	62,201
51.00	Occupational Therapy			0
52.00	Speech Pathology	267	9,391	9,658
53.00	Electrocardiology	1,163,910	(16,418)	1,147,492
54.00	Electroencephalography			0
55.00	Medical Supplies Charged to Patients	4,463,308	2,608,509	7,071,817
56.00	Drugs Charged to Patients	9,471,430	(638,924)	8,832,506
57.00	Renal Dialysis	355,803	(174,497)	181,306
58.00	ASC (Non-Distinct Part)			0
59.00				0
59.01				0
59.02				0
59.03				0
60.00	Clinic			0
60.01	Other Clinic Services			0
61.00	Emergency	1,236,858	(22,930)	1,213,928
62.00	Observation Beds			0
71.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 37,877,476	\$ 869,170	\$ 38,746,646

(To Contract Sch 5)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC70127G

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 1,111,158	\$ 1,132,657	\$ 21,499
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 2,900,843	\$ 2,643,492	\$ (257,351)
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 4,012,001	\$ 3,776,149	\$ (235,852)
4. Total Adult Subacute Patient Days (Adj)	4,367	4,367	0
5. Average Adult Subacute Per Diem Cost (L3 / L4)	\$ 918.71	\$ 864.70	\$ (54.01)

ADULT SUBACUTE OVERPAYMENT & OVERBILLINGS

6. Medi-Cal Overpayments (Adj 32)	\$ 0	\$ (2,503)	\$ (2,503)
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (2,503)	\$ (2,503)

(To Summary of Findings)

GENERAL INFORMATION

9. Contracted Number of Adult Subacute Beds (Adj 33)	0	13	13
10. Total Licensed Nursing Facility Beds (Adj)	13	13	0
11. Total Licensed Capacity (All levels of care)(Adj)	117	117	0
12. Total Medi-Cal Adult Subacute Patient Days (Adj 27)	4,217	4,013	(204)

CAPITAL RELATED COST

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 78,830	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 78,830	N/A

TOTAL SALARY & BENEFITS

16. Direct Salary & Benefits Expenses	N/A	\$ 989,670	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 331,408	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 1,321,078	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj 29)	AUDITED TOTAL DAYS (Adj 28)	AUDITED MEDI-CAL DAYS (Adj 27)
19. Ventilator (Equipment Cost Only)	\$ 19,472	1,068	981
20. Nonventilator	N/A	3,299	N/A
21. TOTAL	N/A	4,367	N/A

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC70127G

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 1,545,493	\$ 1,526,770	\$ (18,723)
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	111,475	51,573	(59,902)
4.00	New Cap Rel Costs-Movable Equipment	24,337	13,275	(11,062)
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	7,718	7,372	(346)
6.01	Non-Patient Telephones	5,748	5,128	(620)
6.02	Data Processing		0	0
6.03	Purchasing	64,082	827	(63,255)
6.04	Admitting	20,108	19,289	(819)
6.05	Cashiering / Accounts Receivable	40,183	25,008	(15,175)
6.07			0	0
6.08			0	0
6.09			0	0
6.06	Other Administrative and General	473,809	404,467	(69,342)
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	108,894	111,425	2,531
9.00	Laundry and Linen Service	31,934	30,977	(957)
10.00	Housekeeping	42,432	41,995	(437)
11.00	Dietary	92,079	94,609	2,530
12.00	Cafeteria	28,220	13,972	(14,248)
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	277,886	271,925	(5,961)
15.00	Central Services & Supply		0	0
16.00	Pharmacy		0	0
17.00	Medical Records and Library	26,445	24,880	(1,565)
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 2,900,843	\$ 2,643,492	\$ (257,351)

(To Adult Subacute Sch 1)

* From Schedule 8, Part I, Line 36.00

**ALLOCATION OF INDIRECT EXPENSES
ADULT SUBACUTE**

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC70127G

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	51,573	N/A
4.00	New Cap Rel Costs-Movable Equipment	13,275	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	231	7,142
6.01	Non-Patient Telephones	130	1,324
6.02	Data Processing	0	0
6.03	Purchasing	93	336
6.04	Admitting	802	13,920
6.05	Cashiering / Accounts Receivable	81	2,346
6.07		0	0
6.08		0	0
6.09		0	0
6.06	Other Administrative and General	3,953	111,419
7.00	Maintenance and Repairs	0	0
8.00	Operation of Plant	618	20,908
9.00	Laundry and Linen Service	500	3,824
10.00	Housekeeping	334	24,670
11.00	Dietary	3,538	6,163
12.00	Cafeteria	1,092	1,882
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	1,698	128,574
15.00	Central Services & Supply	0	0
16.00	Pharmacy	0	0
17.00	Medical Records and Library	913	8,899
18.00	Social Service	0	0
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 78,830	\$ 331,408

(To Adult Subacute Sch 1)

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10)	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
ANCILLARY COST CENTERS													
37.00	Operating Room	1,019,855	0	0	63,516	16,349	0	0	0	0	0	0	0
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	990,678	0	0	43,743	11,259	0	0	0	0	0	0	0
40.00	Anesthesiology	654	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	1,665,678	0	0	42,592	10,963	0	0	0	0	0	0	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	2,268,571	0	0	18,118	4,664	0	0	0	0	0	0	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	1,272,093	0	0	9,952	2,562	0	0	0	0	0	0	0
50.00	Physical Therapy	115,849	0	0	6,115	1,574	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	18,883	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	92,050	0	0	4,125	1,062	0	0	0	0	0	0	0
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	748,275	0	0	0	0	0	0	0	0	0	0	0
56.00	Drugs Charged to Patients	1,320,335	0	0	0	0	0	0	0	0	0	0	0
57.00	Renal Dialysis	227,925	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	1,811,772	0	0	40,709	10,478	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 CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	6,379	1,642	0	0	0	0	0	0	0
97.00		0	0	0	0	0	0	0	0	0	0	0	0
98.00		0	0	0	0	0	0	0	0	0	0	0	0
99.00		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	Doctor's Meals	65,135	0	0	8,789	2,262	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
100.05	Public Relations	221,633	0	0	911	235	0	0	0	0	0	0	0
TOTAL													0
37,861,298													0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.07	ALLOC COST 6.08	ALLOC COST 6.09	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.06
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures												
2.00 Old Cap Rel Costs-Movable Equipmer												
3.00 New Cap Rel Costs-Bldg & Fixtures												
4.00 New Cap Rel Costs-Movable Equipme												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00 Employee Benefits		281										
6.01 Non-Patient Telephones		561	2,564									
6.02 Data Processing		751	5,128									
6.03 Purchasing		3,678	7,692		2,658							
6.04 Admitting		609	7,692		158							
6.05 Cashiering / Accounts Receivable		0	0		0							
6.07		0	0		0							
6.08		0	0		0							
6.09		0	0		0							
7.00 Other Administrative and General		14,539	35,895	258,517	6,128						7,456,580	0
7.00 Maintenance and Repairs		0	0		0							0
8.00 Operation of Plant		1,491	3,846		4,658						1,231,298	301,969
9.00 Laundry and Linen Service		166	0		0						266,494	65,356
10.00 Housekeeping		2,029	1,282		5,584						408,340	100,143
11.00 Dietary		0	5,128		88						498,029	122,139
12.00 Cafeteria		0	0		41						92,890	22,781
13.00 Maintenance of Personnel		0	0		0						0	0
14.00 Nursing Administration		6,011	6,410		310						1,550,526	380,257
15.00 Central Services & Supply		18	1,282		313						28,254	6,929
16.00 Pharmacy		3,949	2,564		1,346						850,683	208,625
17.00 Medical Records and Library		1,863	12,820		912						660,216	161,914
18.00 Social Service		0	0		0						0	0
19.00		0	0		0						0	0
19.02		0	0		0						0	0
19.03		0	0		0						0	0
20.00		0	0		0						0	0
21.00 Nursing School		0	0		0						0	0
22.00 Intern & Res Service-Salary & Fringes		0	0		0						0	0
23.00 Intern & Res Other Program		0	0		0						0	0
24.00 Paramedical Ed Program		0	0		0						0	0
INPATIENT ROUTINE COST CENTE												
25.00 Adults & Pediatrics (Gen Routine)		31,191	8,974		5,767	71,895	93,213				5,970,526	1,464,237
26.00 Intensive Care Unit		16,019	2,564		2,231	28,197	36,558				2,847,436	698,317
27.00 Coronary Care Unit		0	0		0		0				0	0
28.00 Neonatal Intensive Care Unit		0	0		0		0				0	0
29.00 Surgical Intensive Care		0	0		0		0				0	0
30.00 Subprovider I		0	0		0		0				0	0
31.00 Subprovider II		0	0		0		0				0	0
32.00		0	0		0		0				0	0
33.00 Nursery		3,011	1,282		718	2,743	3,557				591,257	145,002
34.00 Medicare Certified Nursing Facility		0	0		0		0				0	0
35.00 Distinct Part Nursing Facility		0	0		0		0				0	0
36.00 Adult Subacute Care Unit		7,372	5,128		827	19,289	25,008				1,649,242	404,467
36.01 Subacute Care Unit II		0	0		0		0				0	0
36.02 Transitional Care Unit		0	0		0		0				0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.07	ALLOC COST 6.08	ALLOC COST 6.09	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.06
ANCILLARY COST CENTERS												
37.00 Operating Room	0	4,307	6,410	0	3,677	28,773	37,305	0	0	0	1,180,193	289,435
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	5,815	2,564	0	613	9,569	12,406	0	0	0	1,076,648	264,042
40.00 Anesthesiology	0	0	0	0	0	6,196	8,034	0	0	0	14,884	3,650
41.00 Radiology - Diagnostic	0	6,094	6,410	0	2,410	74,885	97,090	0	0	0	1,906,121	467,465
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	6,608	3,846	0	1,158	110,600	143,395	0	0	0	2,556,960	627,080
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	7,124	3,846	0	598	89,728	116,334	0	0	0	1,502,237	368,415
50.00 Physical Therapy	0	694	1,282	0	66	1,377	1,785	0	0	0	128,743	31,573
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	397	0	0	366	193	250	0	0	0	19,326	4,740
54.00 Electroencephalography	0	0	0	0	0	18,670	24,206	0	0	0	140,875	34,549
55.00 Medical Supplies Charged to Patients	0	0	0	0	90,911	71,059	92,129	0	0	0	1,002,374	245,826
56.00 Drugs Charged to Patients	0	0	0	0	117,018	115,113	149,246	0	0	0	1,701,712	417,335
57.00 Renal Dialysis	0	0	0	0	0	3,458	4,484	0	0	0	235,867	57,845
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	9,853	12,820	0	4,354	41,666	54,020	0	0	0	1,985,673	486,975
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	8,021	1,967
97.00	0	0	0	0	0	0	0	0	0	0	0	0
98.00	0	0	0	0	0	0	0	0	0	0	0	0
99.00	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 Doctor's Meals	0	0	0	0	12	0	0	0	0	0	76,199	18,687
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
100.05 Public Relations	0	917	0	0	0	0	0	0	0	0	223,696	54,860
TOTAL	0	135,351	147,428	258,517	252,923	693,412	999,020	0	0	0	37,861,298	7,456,580

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	137,228	29,904	81,190	0	5,322	0	47,987	0	0	37,114	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	94,508	0	23,097	0	5,988	0	127,965	0	0	12,343	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	7,992	0
41.00 Radiology - Diagnostic	0	92,021	23,924	51,794	0	7,984	0	0	0	0	96,592	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	0	39,145	0	23,097	0	10,645	0	0	0	0	142,660	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	21,503	0	23,797	0	10,645	0	0	0	0	115,738	0
50.00 Physical Therapy	0	13,212	4,301	15,398	0	665	0	0	0	0	1,776	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	249	0
53.00 Electrocardiology	0	8,912	1,692	0	0	1,331	0	0	0	0	24,082	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	58,887	0	91,657	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	1,103,840	148,481	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	4,461	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	87,953	42,116	25,897	0	13,306	0	239,934	0	0	53,744	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 CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	0	13,782	0	0	0	0	0	0	0	0	0	0
97.00	0	0	0	0	0	0	0	0	0	0	0	0
98.00	0	0	0	0	0	0	0	0	0	0	0	0
99.00	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 Doctor's Meals	0	18,990	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
100.05 Public Relations	0	1,969	0	0	0	0	0	0	0	0	0	0
TOTAL	0	1,533,266	340,088	521,438	688,571	153,687	0	1,951,461	58,887	1,103,840	894,414	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
2.00 Old Cap Rel Costs-Movable Equipmer											
3.00 New Cap Rel Costs-Bldg & Fixtures											
4.00 New Cap Rel Costs-Movable Equipme											
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00 Employee Benefits											
6.01 Non-Patient Telephones											
6.02 Data Processing											
6.03 Purchasing											
6.04 Admitting											
6.05 Cashiering / Accounts Receivable											
6.07											
6.08											
6.09											
6.06 Other 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	0										
19.02	0										
19.03	0	0	0								
20.00	0	0	0								
21.00 Nursing School	0	0	0	0	0						
22.00 Intern & Res Service-Salary & Fringes	0	0	0	0	0						
23.00 Intern & Res Other Program	0	0	0	0	0						
24.00 Paramedical Ed Program	0	0	0	0	0		0	0	0	0	0
INPATIENT ROUTINE COST CENTE											
25.00 Adults & Pediatrics (Gen Routine)	0	0	0	0	0		0	0	9,853,119		9,853,119
26.00 Intensive Care Unit	0	0	0	0	0		0	0	4,135,559		4,135,559
27.00 Coronary Care Unit	0	0	0	0	0		0	0	0	0	0
28.00 Neonatal Intensive Care Unit	0	0	0	0	0		0	0	0	0	0
29.00 Surgical Intensive Care	0	0	0	0	0		0	0	0	0	0
30.00 Subprovider I	0	0	0	0	0		0	0	0	0	0
31.00 Subprovider II	0	0	0	0	0		0	0	0	0	0
32.00	0	0	0	0	0		0	0	0	0	0
33.00 Nursery	0	0	0	0	0		0	0	848,337		848,337
34.00 Medicare Certified Nursing Facility	0	0	0	0	0		0	0	0	0	0
35.00 Distinct Part Nursing Facility	0	0	0	0	0		0	0	0	0	0
36.00 Adult Subacute Care Unit	0	0	0	0	0		0	0	2,643,492		2,643,492
36.01 Subacute Care Unit II	0	0	0	0	0		0	0	0	0	0
36.02 Transitional Care Unit	0	0	0	0	0		0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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	1,808,374	0	1,808,374
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	1,604,590	0	1,604,590
40.00 Anesthesiology	0	0	0	0	0	0	0	0	26,527	0	26,527
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	2,645,900	0	2,645,900
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	3,399,587	0	3,399,587
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	2,042,335	0	2,042,335
50.00 Physical Therapy	0	0	0	0	0	0	0	0	195,669	0	195,669
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	24,315	0	24,315
53.00 Electrocardiology	0	0	0	0	0	0	0	0	211,440	0	211,440
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	1,398,745	0	1,398,745
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,371,368	0	3,371,368
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	298,172	0	298,172
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	2,935,598	0	2,935,598
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	23,771	0	23,771
97.00	0	0	0	0	0	0	0	0	0	0	0
98.00	0	0	0	0	0	0	0	0	0	0	0
99.00	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 Doctor's Meals	0	0	0	0	0	0	0	0	113,876	0	113,876
100.01	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0
100.05 Public Relations	0	0	0	0	0	0	0	0	280,525	0	280,525
TOTAL	0	0	19,030	0	0	0	0	0	37,861,298	0	37,861,298

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES) 5.00 (Adj) 18 (Adj)	STAT (NUMBER OF TELEPHONES) 6.01 (Adj)	STAT (% OF TIME) 6.02 (Adj)	STAT (COSTED REQUISITION) 6.03 (Adj) 19 (Adj)	STAT (GROSS REVENUE) 6.04 (Adj) 20 (Adj)	STAT (GROSS REVENUE) 6.05 (Adj) 21 (Adj)	STAT	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj)
ANCILLARY COST CENTERS											
37.00	578,196	5		37,252	8,492,669	8,492,669	6.07 (Adj)	6.08 (Adj)	6.09 (Adj)	1,180,193	
38.00										0	
39.00	780,648	2		6,213	2,824,355	2,824,355				1,076,648	
40.00					1,828,881	1,828,881				14,884	
41.00	817,996	5		24,416	22,102,789	22,102,789				1,906,121	
41.01										0	
41.02										0	
42.00										0	
43.00										0	
44.00										2,556,960	
44.01										0	
46.00										0	
47.00										0	
48.00										0	
49.00	956,273	3		6,058	26,483,850	26,483,850				1,502,237	
50.00	93,222	1		669	406,353	406,353				128,743	
51.00										0	
52.00										19,326	
53.00	53,339			3,709	5,510,493	5,510,493				140,875	
54.00										0	
55.00				921,050	20,973,511	20,973,511				1,002,374	
56.00				1,185,550	33,976,325	33,976,325				1,701,712	
57.00					1,020,693	1,020,693				235,867	
58.00										0	
59.00										0	
59.01										0	
59.02										0	
59.03										0	
60.00	0				0	0				0	
60.01										0	
61.00	1,322,692	10		44,113	12,297,945	12,297,945				1,985,673	
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										8,021	
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										76,199	
100.01										0	
100.02										0	
100.03										0	
100.05	123,144									223,696	
TOTAL	18,169,573	115	100	2,562,461	204,664,887	204,664,887	0	0	0	30,404,718	0
COST TO BE ALLOCATED	135,351	147,428	258,517	252,923	693,412	899,020	0	0	0	7,456,580	0
UNIT COST MULTIPLIER - SCH 8	0.007449	1281.978696	2585.170303	0.098703	0.003398	0.004393	0.000000	0.000000	0.000000	0.245244	0.000000

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) (Adj 17)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (HR SERV) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (FTES) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS REVENUE) (Adj 21)	SOC SERV (TIME SPENT) (Adj)	STAT
ANCILLARY COST CENTERS												
37.00	5,297	2,510	116		8	8	3			8,492,669		
38.00												
39.00	3,648		33		9	9	8			2,824,355		
40.00										1,828,881		
41.00	3,552	2,008	74		12					22,102,789		
41.01												19.00 (Adj)
41.02												19.00 (Adj)
42.00												
43.00												
44.00	1,511		33		16					32,644,270		
44.01												
46.00												
47.00												
48.00												
49.00	830		34		16					26,483,850		
50.00	510	361	22		1					406,353		
51.00												
52.00	344	142			2					56,976		
53.00										5,510,493		
54.00												
55.00								100		20,973,511		
56.00										33,976,325		
57.00										1,020,693		
58.00												
59.00												
59.01												
59.02												
59.03												
60.00	0											
60.01												
61.00	3,395	3,535	37		20		15			12,297,945		
62.00												
62.00												
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00	532											
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00	733											
100.01												
100.02												
100.03												
100.05	76											
TOTAL	59,184	28,545	745	41,743	231	0	122	100	100	204,664,887	0	0
COST TO BE ALLOCATED	1,533,266	340,088	521,438	688,571	153,687	0	1,951,461	58,887	1,103,840	894,414	0	0
UNIT COST MULTIPLIER - SCH 8	25.906773	11.914097	699.916211	16.016362	665.310336	0.000000	#####	588.873595	#####	0.004370	0.000000	0.000000

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
GENERAL SERVICE COST CENTERS							
1.00 Old Cap Rel Costs-Bldg & Fixtures	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
2.00 Old Cap Rel Costs-Movable Equipment	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
3.00 New Cap Rel Costs-Bldg & Fixtures							
4.00 New Cap Rel Costs-Movable Equipment							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00 Employee Benefits							
6.01 Non-Patient Telephones							
6.02 Data Processing							
6.03 Purchasing							
6.04 Admitting							
6.05 Cashiering / Accounts Receivable							
6.07							
6.08							
6.09							
6.06 Other 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 II							
36.02 Transitional Care Unit							

TRIAL BALANCE OF EXPENSES

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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	1,837,999	(1,014,784)	823,215
4.00	New Cap Rel Costs-Movable Equipment	401,273	(189,380)	211,893
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	132,657	(1,543)	131,114
6.01	Non-Patient Telephones	156,990	(13,568)	143,422
6.02	Data Processing	250,149	(4)	250,145
6.03	Purchasing	214,704	4,040	218,744
6.04	Admitting	651,177	(3)	651,174
6.05	Cashiering / Accounts Receivable	1,429,727	(541,834)	887,893
6.07			0	0
6.08			0	0
6.09			0	0
6.06	Other Administrative and General	7,839,650	(763,645)	7,076,005
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	1,216,515	(97)	1,216,418
9.00	Laundry and Linen Service	261,533	0	261,533
10.00	Housekeeping	397,488	(319)	397,169
11.00	Dietary	423,789	45,714	469,503
12.00	Cafeteria	192,168	(110,854)	81,314
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,530,432	(25)	1,530,407
15.00	Central Services & Supply	12,844	0	12,844
16.00	Pharmacy	831,410	0	831,410
17.00	Medical Records and Library	614,632	0	614,632
18.00	Social Service		0	0
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)	5,422,431	(27,727)	5,394,704
26.00	Intensive Care Unit	2,741,640	(17,800)	2,723,840
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	568,508	(745)	567,763
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit	1,545,493	(18,723)	1,526,770
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
GREATER EL MONTE COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 1,021,122	\$ (1,267)	\$ 1,019,855
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	990,678	0	990,678
40.00	Anesthesiology	654	0	654
41.00	Radiology - Diagnostic	1,666,959	(1,281)	1,665,678
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	2,271,670	(3,099)	2,268,571
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	1,283,002	(10,909)	1,272,093
50.00	Physical Therapy	115,856	(7)	115,849
51.00	Occupational Therapy		0	0
52.00	Speech Pathology	18,883	0	18,883
53.00	Electrocardiology	92,756	(706)	92,050
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	645,171	103,104	748,275
56.00	Drugs Charged to Patients	1,320,335	0	1,320,335
57.00	Renal Dialysis	227,925	0	227,925
58.00	ASC (Non-Distinct Part)		0	0
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic	2,236	(2,236)	0
60.01	Other Clinic Services		0	0
61.00	Emergency	1,834,016	(22,244)	1,811,772
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	\$ 40,164,472	\$ (2,589,942)	\$ 37,574,530
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00			0	0
98.00			0	0
99.00			0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00	Doctor's Meals	0	65,135	65,135
100.01			0	0
100.02			0	0
100.03			0	0
100.05	Public Relations		221,633	221,633
100.99	SUBTOTAL	\$ 0	\$ 286,768	\$ 286,768
101	TOTAL	\$ 40,164,472	\$ (2,303,174)	\$ 37,861,298

(To Schedule 8)

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
		2	3	4	5	6	7	8	9	10	11	12	13		
ANCILLARY COST CENTERS															
37.00 Operating Room	(1,267)		(1,267)												
38.00 Recovery Room	0														
39.00 Delivery Room and Labor Room	0														
40.00 Anesthesiology	0														
41.00 Radiology - Diagnostic	(1,281)		(1,281)												
41.01	0														
41.02	0														
42.00 Radiology - Therapeutic	0														
43.00 Radioisotope	0														
44.00 Laboratory	(3,099)		(3,099)				(10)								
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	(10,909)		(10,909)												
50.00 Physical Therapy	(7)		(7)												
51.00 Occupational Therapy	0														
52.00 Speech Pathology	(706)		(706)												
53.00 Electrocardiology	0														
54.00 Electroencephalography	0														
55.00 Medical Supplies Charged to Patients	103,104		103,104												
56.00 Drugs Charged to Patients	0														
57.00 Renal Dialysis	0														
58.00 ASC (Non-Distinct Part)	0														
59.00	0														
59.01	0														
59.02	0														
59.03	0														
60.00 Clinic	(2,236)		(2,236)												
60.01 Other Clinic Services	0														
61.00 Emergency	(22,244)		(22,244)												
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	0.00														
98.00	0.00														
99.00	0.00														
99.01	0														
99.02	0														
99.03	0														
99.04	0														
99.05	0														
100.00 Doctor's Meals	65,135			65,135											
100.01	0														
100.02	0														
100.03	0														
100.05 Public Relations	221,633					221,633									
101.00 TOTAL	(\$2,303,174)	0	0	0	0	0	(21,865)	(4,802)	(283,958)	(200,124)	(8,605)	(250)	(180,000)		

(To Sch 10)

Provider Name		Fiscal Period		Provider Number		Adjustments		
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC 30615I		33		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1			<p>The Subacute costs and statistics reported in the cost report on the Nursing Facility cost center, line 34.00, have been reclassified in the audit report to the Adult Subacute Care Unit, line 36.00. This was done in accordance with CMS Pub 15-2, Section 3610.</p> <p><u>MEMORANDUM ADJUSTMENT</u></p>					

Provider Name		Fiscal Period				Provider Number		Adjustments	
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
RECLASSIFICATIONS OF REPORTED COSTS									
2	10A	A		60.00	7	Clinic	\$2,236	(\$2,236)	\$0
	10A	A		25.00	7	Adults & Pediatrics	5,422,431	2,236	5,424,667 *
To reclassify the reported expense for proper cost determination.									
42 CFR 413.20 and 413.24									
CMS Pub. 15-1, Sections 2300 and 2304									
3	10A	A		6.02	7	Data Processing	\$250,149	(\$4)	\$250,145
	10A	A		6.04	7	Admitting	651,177	(3)	651,174
	10A	A		6.06	7	Other Administrative and General	7,839,650	(21)	7,839,629 *
	10A	A		8.00	7	Operation of Plant	1,216,515	(33)	1,216,482 *
	10A	A		10.00	7	Housekeeping	397,488	(319)	397,169
	10A	A		11.00	7	Dietary	423,789	(5)	423,784 *
	10A	A		14.00	7	Nursing Administration	1,530,432	(25)	1,530,407
	10A	A		25.00	7	Adults & Pediatrics	5,424,667	(29,963)	5,394,704
	10A	A		26.00	7	Intensive Care Unit	2,741,640	(17,800)	2,723,840
	10A	A		33.00	7	Nursery	568,508	(745)	567,763
	10A	A		36.00	7	Adult Subacute Care Unit	1,545,493	(18,723)	1,526,770
	10A	A		37.00	7	Operating Room	1,021,122	(1,267)	1,019,855
	10A	A		41.00	7	Radiology - Diagnostic	1,666,959	(1,281)	1,665,678
	10A	A		44.00	7	Laboratory	2,271,670	(3,089)	2,268,581 *
	10A	A		49.00	7	Respiratory Therapy	1,283,002	(10,909)	1,272,093
	10A	A		50.00	7	Physical Therapy	115,856	(7)	115,849
	10A	A		53.00	7	Electrocardiology	92,756	(706)	92,050
	10A	A		61.00	7	Emergency	1,834,016	(22,244)	1,811,772
	10A	A		6.03	7	Purchasing	214,704	4,040	218,744
	10A	A		55.00	7	Medical Supplies Charged to Patients	645,171	103,104	748,275
To adjust the provider's reclassification of medical supplies charged to patients to agree with the provider's trial balance, other A-6 reclassifications, and for proper cost determination.									
42 CFR 413.20 and 413.24									
CMS Pub. 15-1, Sections 2300 and 2304									

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33	
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		12.00	7	Cafeteria	\$192,168	(\$110,854)	\$81,314
	10A	A		11.00	7	Dietary	423,784	45,719	469,503
	10A	A		100.00	7	Doctor's Meals	0	65,135	65,135
To adjust the reported reclassification of cafeteria costs to agree with the provider's records for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304									
5	10A	A		3.00	7	New Cap Rel Costs-Bldg & Fixtures	\$1,837,999	(\$228,618)	\$1,609,381 *
	10A	A		6.06	7	Other Administrative and General	7,839,629	228,618	8,068,247 *
To reclassify the provider's interest income abatement for proper cost determination. 42 CFR 413.153(b)(2)(iii) / CMS Pub. 15-1, Section 202.2 CMS Pub. 15-2, Section 3613									
6	10A	A		6.06	7	Other Administrative and General	\$8,068,247	(\$221,633)	\$7,846,614 *
	10A	A		100.05	7	Public Relations	0	221,633	221,633
To reclassify the business development expense to a nonreimbursable cost center for proper cost determination. 42 CFR 413.5, 413.9, and 413.24 CMS Pub. 15-1, Sections 2136.2, 2328, and 2304									

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
ADJUSTMENTS TO REPORTED COSTS									
7	10A	A	5.00	7	Employee Benefits	\$132,657	(\$1,543)	\$131,114	
	10A	A	6.01	7	Non-Patient Telephones	156,990	(13,568)	143,422	
	10A	A	6.06	7	Other Administrative and General	7,846,614	(6,754)	7,839,860	*
To adjust the provider's elimination of patient telephone expense for proper cost determination.									
42 CFR 413.9(c)(3), 413.20, 413.24, and 413.50									
CMS Pub. 15-1, Sections 2106.1, 2300, and 2304									
8	10A	A	6.06	7	Other Administrative and General	\$7,839,860	(\$4,728)	\$7,835,132	*
	10A	A	8.00	7	Operation of Plant	1,216,482	(64)	1,216,418	*
	10A	A	44.00	7	Laboratory	2,268,581	(10)	2,268,571	*
To eliminate the non allowable fine and penalty expense.									
42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2122.1									
9	10A	A	6.06	7	Other Administrative and General	\$7,835,132	(\$283,958)	\$7,551,174	*
To adjust the reported insurance expense to agree with the policies provided applicable to the fiscal year under audit.									
42 CFR 413.20 and 413.24									
CMS Pub. 15-1, Sections 2300 and 2304									
10	10A	A	3.00	7	New Cap Rel Costs-Bldg & Fixtures	\$1,609,381	(\$200,124)	\$1,409,257	*
To eliminate the reported interest expense due to insufficient documentation.									
42 CFR 413.20 and 413.24									
CMS Pub. 15-1, Sections 2300 and 2304									

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
10A	A		6.06	7	Other Administrative and General	* \$7,551,174			
11					To adjust the provider's elimination of lobbying fees not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.2, 2104, and 2139		(\$8,605)		
12					To eliminate the contribution costs not related to patient care. 42 CFR 413.5(c)(7), 413.80, and 413.9 CMS Pub. 15-1, Sections 608, 610, 2102.3, and 2105.7		(250)		
13					To eliminate the legal fee expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		(180,000)		
14					To adjust the reported facility license expense to agree with the amount applicable to the fiscal year under audit. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		6,724		
15					To eliminate the meal and entertainment expense not related to patient care. 42 CFR 413.5(c)(7) and 413.9 CMS Pub. 15-1, Sections 608, 610, and 2102.3		(9,432)		\$7,359,611 *
							<u>(\$191,563)</u>		
16	10A	A	3.00	7	New Cap Rel Costs-Bldg & Fixtures	* \$1,409,257	(\$586,042)		\$823,215
	10A	A	4.00	7	New Cap Rel Costs-Movable Equipment	401,273	(189,380)		211,893
	10A	A	6.05	7	Cashiering/Accounts Receivable	1,429,727	(541,834)		887,893
	10A	A	6.06	7	Other Administrative and General	7,359,611	(283,606)		7,076,005
					To adjust reported home office costs to agree with the American Healthcare Management Corporation Home Office Audit Report for fiscal period ended June 30, 2008. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304				

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments		
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33		
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line					
ADJUSTMENTS TO REPORTED STATISTICS										
17	9	B-1	6.06	3, 4	Other Administrative and General (Square Feet)	4,420	(76)	4,344		
	9	B-1	60.00	3, 4, 8	Clinic	2,995	(2,995)	0		
	9	B-1	100.00	3, 4, 8	Doctor's Meals	0	733	733		
	9	B-1	100.05	3, 4, 8	Public Relations	0	76	76		
	9	B-1	3.00	3	Total - Square Feet	70,915	(2,262)	68,653		
	9	B-1	4.00	4	Total - Square Feet	70,915	(2,262)	68,653		
	9	B-1	8.00	8	Total - Square Feet	61,370	(2,186)	59,184		
To adjust the reported square footage statistics to agree with the provider's records for proper cost determination. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306										
18	9	B-1	6.01	5	Non-Patient Telephones (Gross Salaries)	64,144	(26,364)	37,780		
	9	B-1	6.02	5	Data Processing	83,325	(7,997)	75,328		
	9	B-1	6.03	5	Purchasing	113,799	(12,982)	100,817		
	9	B-1	6.04	5	Admitting	554,003	(60,237)	493,766		
	9	B-1	6.05	5	Cashiering/Accounts Receivable	87,426	(5,735)	81,691		
	9	B-1	6.06	5	Other Administrative and General	2,129,714	(178,012)	1,951,702		
	9	B-1	8.00	5	Operation of Plant	232,747	(32,552)	200,195		
	9	B-1	9.00	5	Laundry and Linen	26,431	(4,154)	22,277		
	9	B-1	10.00	5	Housekeeping	306,456	(34,140)	272,316		
	9	B-1	14.00	5	Nursing Administration	895,623	(88,724)	806,899		
	9	B-1	15.00	5	Central Services & Supply	2,565	(88)	2,477		
	9	B-1	16.00	5	Pharmacy	579,646	(49,469)	530,177		
	9	B-1	17.00	5	Medical Records & Library	289,164	(39,087)	250,077		
	9	B-1	25.00	5	Adults & Pediatrics	4,613,033	(425,928)	4,187,105		
	9	B-1	26.00	5	Intensive Care Unit	2,360,268	(209,823)	2,150,445		
	9	B-1	33.00	5	Nursery	449,473	(45,254)	404,219		
	9	B-1	36.00	5	Adult Subacute Care Unit	1,081,834	(92,164)	989,670		
	9	B-1	37.00	5	Operating Room	639,570	(61,374)	578,196		
	9	B-1	39.00	5	Delivery Room & Labor Room	882,079	(101,431)	780,648		
	9	B-1	41.00	5	Radiology - Diagnostic	875,837	(57,841)	817,996		
	9	B-1	44.00	5	Laboratory	989,053	(101,931)	887,122		

-Continued on next page-

Provider Name		Fiscal Period		Provider Number		Adjustments		
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC 306151		33		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
-Continued from previous page-								
18	9	B-1	49.00	5	Respiratory Therapy (Gross Salaries)	1,029,985	(73,712)	956,273
	9	B-1	50.00	5	Physical Therapy	101,216	(7,994)	93,222
	9	B-1	53.00	5	Electrocardiology	59,057	(5,718)	53,339
	9	B-1	60.00	5	Clinic	2,236	(2,236)	0
	9	B-1	61.00	5	Emergency	1,389,547	(66,855)	1,322,692
	9	B-1	100.05	5	Public Relations	0	123,144	123,144
	9	B-1	5.00	5	Total - Gross Salaries	19,838,231	(1,668,658)	18,169,573
To adjust the gross salaries statistics to agree with the provider's records, adjustments, and for proper cost determination. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306								
19	9	B-1	6.04	6.03	Admitting (Costed Requisition)	0	26,930	26,930
	9	B-1	6.05	6.03	Cashiering/Accounts Receivable	0	1,599	1,599
	9	B-1	6.06	6.03	Other Administrative and General	326	61,759	62,085
	9	B-1	8.00	6.03	Operation of Plant	0	47,187	47,187
	9	B-1	10.00	6.03	Housekeeping	2,704	53,866	56,570
	9	B-1	11.00	6.03	Dietary	0	893	893
	9	B-1	12.00	6.03	Cafeteria	0	419	419
	9	B-1	14.00	6.03	Nursing Administration	66	3,075	3,141
	9	B-1	15.00	6.03	Central Services & Supply	748	2,427	3,175
	9	B-1	16.00	6.03	Pharmacy	3,723	9,917	13,640
	9	B-1	17.00	6.03	Medical Records & Library	0	9,244	9,244
	9	B-1	25.00	6.03	Adults & Pediatrics	81,108	(22,681)	58,427
	9	B-1	26.00	6.03	Intensive Care Unit	50,974	(28,368)	22,606
	9	B-1	33.00	6.03	Nursery	5,642	1,635	7,277
	9	B-1	36.00	6.03	Adult Subacute Care Unit	103,023	(94,643)	8,380
	9	B-1	37.00	6.03	Operating Room	68,392	(31,140)	37,252
	9	B-1	39.00	6.03	Delivery Room & Labor Room	9,284	(3,071)	6,213
	9	B-1	41.00	6.03	Radiology - Diagnostic	29,634	(5,218)	24,416
	9	B-1	44.00	6.03	Laboratory	9,587	2,147	11,734
	9	B-1	49.00	6.03	Respiratory Therapy	29,009	(22,951)	6,058

-Continued on next page-

Provider Name		Fiscal Period		Provider Number		Adjustments			
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC 306151		33			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
ADJUSTMENTS TO REPORTED STATISTICS									
19	9								
-Continued from previous page-									
	B-1			50.00	6.03	Physical Therapy (Costed Requisition)	64	605	669
	B-1			53.00	6.03	Electrocardiology	3,096	613	3,709
	B-1			55.00	6.03	Medical Supplies Charged to Patients	0	921,050	921,050
	B-1			56.00	6.03	Drugs Charged to Patients	0	1,185,550	1,185,550
	B-1			61.00	6.03	Emergency	53,609	(9,496)	44,113
	B-1			100.00	6.03	Doctor's Meals	0	124	124
	B-1			6.03	6.03	Purchasing	450,989	2,111,472	2,562,461
To adjust the costed requisition statistic to agree with the provider's records for proper cost determination.									
42 CFR 413.24 and 413.50									
CMS Pub. 15-1, Sections 2304 and 2306									
20	9	B-1		25.00	6.04	Adults & Pediatrics (Gross Revenue)	21,115,702	104,495	21,220,197
	B-1			60.00	6.04	Clinic	104,495	(104,495)	0
To reclassify the reported revenue statistic to agree with the provider's records and for proper cost determination.									
42 CFR 413.20, 413.24, 413.50, and 413.53									
CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304, and 2306									
21	9	B-1		25.00	6.05, 17	Adults & Pediatrics (Gross Revenue)	21,115,702	104,495	21,220,197
	B-1			60.00	6.05, 17	Clinic	104,495	(104,495)	0
To reclassify the reported revenue statistic to agree with the provider's records and for proper cost determination.									
42 CFR 413.20, 413.24, 413.50, and 413.53									
CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304, and 2306									

Provider Name		Fiscal Period				Provider Number		Adjustments	
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted	
			Part	Title	Line				Col.
22	Contract 5	C	I	60.00	8	Clinic	\$104,495	(\$104,495)	\$0
<p style="text-align: center;">ADJUSTMENT TO REPORTED TOTAL CHARGES</p> <p>To adjust the reported revenue to agree with the provider's records and for proper cost determination. 42 CFR 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304, and 2306</p>									

Provider Name		Fiscal Period				Provider Number		Adjustments	
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT									
23	Contract 4	D-1	I	XIX	9.00	1	5,803	(1,130)	4,673
	Contract 4A	D-1	II	XIX	42.00	4	931	(24)	907
	Contract 4A	D-1	II	XIX	43.00	4	331	561	892
24	Contract 6	D-4	XIX	XIX	37.00	2	\$2,153,614	(\$44,999)	\$2,108,615
	Contract 6	D-4	XIX	XIX	39.00	2	1,660,290	(745,471)	914,819
	Contract 6	D-4	XIX	XIX	40.00	2	471,687	(25,439)	446,248
	Contract 6	D-4	XIX	XIX	41.00	2	2,981,824	562,619	3,544,443
	Contract 6	D-4	XIX	XIX	44.00	2	6,741,536	2,082,886	8,824,422
	Contract 6	D-4	XIX	XIX	49.00	2	7,062,752	(2,673,561)	4,389,191
	Contract 6	D-4	XIX	XIX	50.00	2	114,197	(51,996)	62,201
	Contract 6	D-4	XIX	XIX	52.00	2	267	9,391	9,658
	Contract 6	D-4	XIX	XIX	53.00	2	1,163,910	(16,418)	1,147,492
	Contract 6	D-4	XIX	XIX	55.00	2	4,463,308	2,608,509	7,071,817
	Contract 6	D-4	XIX	XIX	56.00	2	9,471,430	(638,924)	8,832,506
	Contract 6	D-4	XIX	XIX	57.00	2	355,803	(174,497)	181,306
	Contract 6	D-4	XIX	XIX	61.00	2	1,236,858	(22,930)	1,213,928
	Contract 6	D-4	XIX	XIX	101.00	2	37,877,476	869,170	38,746,646
25	Contract 2	E-3	III	XIX	10.00	1	\$11,494,504	(\$868,164)	\$10,626,340
	Contract 2	E-3	III	XIX	11.00	1	37,877,476	869,170	38,746,646
26	Contract 3	E-3	III	XIX	33.00	1	\$0	\$11,774	\$11,774
	Contract 3	E-3	III	XIX	36.00	1	0	165,702	165,702

To adjust Medi-Cal Settlement Data to agree with the following

EDS Paid Claims Summary Report:

Report Date: August 13, 2009

Payment Period: July 1, 2007 through July 31, 2009

Service Period: July 1, 2007 through June 30, 2008

42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64

CMS Pub. 15-1, Sections 2304 and 2408

Provider Name		Fiscal Period				Provider Number		Adjustments	
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
27	Subacute 1	Not Reported							
	Subacute 1	D-1	I	XIX	9.00	1	0	981 (204)	981 4,013
Medi-Cal Subacute Days - Ventilator Medi-Cal Subacute Days - Total To adjust Medi-Cal Subacute patient days to agree with the following EDS Paid Claims Summary Report: Report Date: August 13, 2009 Payment Period: July 1, 2007 through July 31, 2009 Service Period: July 1, 2007 through June 30, 2008 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408									
28	Subacute 1	Not Reported					0	1,068	1,068
	Subacute 1	Not Reported					0	3,299	3,299
Total Subacute Days - Ventilator Total Subacute Days - Nonventilator To reflect the total ventilator and nonventilator patient days in the audit report. 42 CFR 413.24 / CMS Pub. 15-1, Section 2304									
29	Subacute 1	Not Reported					\$0	\$19,472	\$19,472
Ventilator (Equipment Cost Only) To reflect the total ventilator equipment expense in the audit report. 42 CFR 413.24 / CMS Pub. 15-1, Section 2304									
30	Subacute 4	D-4	XIX	XIX	37.00	2	\$4,460	(\$4,460)	\$0
	Subacute 4	D-4	XIX	XIX	40.00	2	1,317	(1,317)	0
	Subacute 4	D-4	XIX	XIX	41.00	2	82,295	4,193	86,488
	Subacute 4	D-4	XIX	XIX	44.00	2	460,482	25,231	485,713
	Subacute 4	D-4	XIX	XIX	49.00	2	4,590,573	162,085	4,752,658
	Subacute 4	D-4	XIX	XIX	50.00	2	35,699	11,672	47,371
	Subacute 4	D-4	XIX	XIX	52.00	2	9,673	623	10,296
	Subacute 4	D-4	XIX	XIX	53.00	2	75,449	(75,449)	0
	Subacute 4	D-4	XIX	XIX	55.00	2	4,748,654	98,341	4,846,995
	Subacute 4	D-4	XIX	XIX	56.00	2	3,466,044	109,193	3,575,237
	Subacute 4	D-4	XIX	XIX	101.00	2	13,474,646	330,112	13,804,758

-Continued on next page-

Provider Name		Fiscal Period		Provider Number		Adjustments		
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC 306151		33		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
Explanation of Audit Adjustments								

ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA - SUBACUTE

-Continued from previous page-
30

To adjust the Subacute ancillary charges to agree with the provider's records and include only those charges included in the Subacute per diem rate.
 CCR, Title 22, Sections 51511(d) and 51511.5
 42 CFR 413.20 and 413.24
 CMS Pub. 15-1, Sections 2300, 2304, and 2408

Provider Name		Fiscal Period				Provider Number		Adjustments	
GREATER EL MONTE COMMUNITY HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 306151		33	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
31	Contract 1	N/A				\$0	\$656	\$656	
Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1									
32	Subacute 1	N/A				\$0	\$2,503	\$2,503	
Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1									
33	Subacute 1	Not Reported				0	13	13	
Contracted Number of Subacute Beds To reflect the number of contracted Subacute Beds in the audit report. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304									