

**REPORT
ON THE
COST REPORT REVIEW
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER
GLENDALE, CALIFORNIA
PROVIDER NUMBERS: HSC/ZZT 30058G AND
NPI 1477610640
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: Gertrude Lake
Auditor: Florisabel Montoya**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

July 13, 2010

David Yeager
Chief Financial Officer
Glendale Memorial Hospital and Health Center
1420 South Central Avenue
Glendale, CA 91204-2594

PROVIDER: GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER
PROVIDER NOS. HSC 30058G / NPI 1477610640
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 \$52,450 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 Contract Cost (CONTRACT Schedules)
4. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
5. Audit Adjustments Schedule

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

David Yeager
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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:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT 30058G	Reported	\$ 0	
	Net Change	\$ (40,174)	
	Audited Amount Due Provider (State)	\$ (40,174)	
2. REHABILITATION (SCHEDULE 1-1) Provider No. HSC 30058G	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. PSYCHIATRIC (SCHEDULE 1-2) Provider No. HSC 30058G	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No. HSC 30058G	Reported		\$ 37,372,837
	Net Change		\$ (3,582,715)
	Audited Cost		\$ 33,790,122
	Audited Amount Due Provider (State)	\$ (12,276)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No. HSC 30058G	Reported		\$ 1,082.32
	Net Change		\$ (73.02)
	Audited Cost Per Day		\$ 1,009.30
	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)		\$ (52,450)	
9. Total Medi-Cal Cost			\$ 33,790,122

SUMMARY OF FINDINGS

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

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)	\$ (52,450)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT 30058G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 71,059
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ _____ 0	\$ _____ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ _____ 0	\$ _____ 0
4.	\$ _____ 0	\$ _____ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ _____ 0	\$ _____ 71,059
6. Interim Payments (Adj 19)	\$ _____ 0	\$ _____ (111,233)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ (40,174)
8. Duplicate Payments (Adj)	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (40,174)
		(To Summary of Findings)

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

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT 30058G

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$	<u>0</u>	\$	<u>72,554</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 18)	\$	<u>0</u>	\$	<u>384,890</u>
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3. Inpatient Ancillary Service Charges (Adj 18)	\$	<u>0</u>	\$	<u>315,542</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$	<u>0</u>	\$	<u>700,432</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$	<u>0</u>	\$	<u>627,878</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$	<u>0</u>	\$	<u>0</u>
				(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT 30058G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 30,474
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 42,080
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	\$ 72,554
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0	\$ 0
8. SUBTOTAL	\$ 0	\$ 72,554
		(To Schedule 2)
9. Coinsurance (Adj 19)	\$ 0	\$ (1,495)
10. Patient and Third Party Liability (Adj)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 71,059
		(To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT 30058G

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adjs 5-9)	49,210	61,466
2. Inpatient Days (include private, exclude swing-bed)	49,210	61,466
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 5-9)	49,210	61,466
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)	\$ 42,889,664	\$ 54,789,723
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)	\$ 42,889,664	\$ 54,789,723

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed chgs) (Adjs 10-13)	\$ 69,597,745	\$ 180,614,969
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed chgs) (Adjs 10-13)	\$ 69,597,745	\$ 180,614,969
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.616251	\$ 0.303351
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)	\$ 1,414.30	\$ 2,938.45
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)	\$ 42,889,664	\$ 54,789,723

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 871.56	\$ 891.38
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 42,080
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 0	\$ 42,080

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT 30058G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,148,982	\$ 1,133,878
2. Total Inpatient Days (Adj 7)	3,493	3,502
3. Average Per Diem Cost	\$ 328.94	\$ 323.78
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)	\$ 12,995,279	\$ 12,836,985
7. Total Inpatient Days (Adj 7)	5,877	5,863
8. Average Per Diem Cost	\$ 2,211.21	\$ 2,189.49
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 27.01, Col 27)	\$ 6,044,503	\$ 5,965,862
17. Total Inpatient Days (Adj 7)	3,878	3,868
18. Average Per Diem Cost	\$ 1,558.67	\$ 1,542.36
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 15)	\$ 0.00	\$ 238.64
27. Medi-Cal Inpatient Days (Adj 15)	0	7
28. Cost Applicable to Medi-Cal	\$ 0	\$ 1,670
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj 16)	\$ 0.00	\$ 318.19
30. Medi-Cal Inpatient Days (Adj 16)	0	127
31. Cost Applicable to Medi-Cal	\$ 0	\$ 40,410
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 42,080

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT 30058G

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
ZZT 30058G

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 7,104,889	\$ 62,102,663	0.114406	\$ 0	\$ 0
38.00	Recovery Room	1,873,973	14,318,383	0.130879	0	0
39.00	Delivery Room and Labor Room	6,879,676	14,919,111	0.461132	0	0
40.00	Anesthesiology	63,567	9,956,882	0.006384	0	0
41.00	Radiology-Diagnostic	10,478,012	106,403,465	0.098474	4,185	412
42.00	Radiology-Therapeutic	3,322,057	7,679,576	0.432583	0	0
43.00	Radioisotope	1,269,614	11,432,472	0.111053	0	0
44.00	Laboratory	9,751,548	73,700,246	0.132314	57,007	7,543
49.00	Respiratory Therapy	3,920,162	25,718,323	0.152427	0	0
50.00	Physical Therapy	2,883,233	12,390,612	0.232695	11,254	2,619
51.00	Occupational Therapy	1,289,679	3,826,292	0.337057	1,120	378
52.00	Speech Pathology	357,770	1,458,885	0.245236	1,320	324
53.00	Electrocardiology	2,276,349	23,087,784	0.098595	0	0
54.00	Electroencephalography	111,991	827,992	0.135256	0	0
55.00	Medical Supplies Charged to Patients	26,056,000	80,340,073	0.324321	0	0
56.00	Drugs Charged to Patients	13,766,437	172,571,211	0.079773	240,656	19,198
57.00	Renal Dialysis	1,794,394	11,276,334	0.159129	0	0
58.00	ASC (Non-Distinct Part)	2,711,310	10,411,052	0.260426	0	0
59.00	Lab - Pathological	704,623	2,280,653	0.308957	0	0
59.01	Cardiopulmonary	1,356,322	15,595,167	0.086971	0	0
59.02	Cardiac Fitness	652,364	1,017,273	0.641287	0	0
59.03	Electromyography	83,781	223,419	0.374993	0	0
59.04	Gastrointestinal Service	1,876,320	18,696,707	0.100356	0	0
59.05	Outpatient Psych	129,071	293,135	0.440312	0	0
59.06	Magnetic Resonance Imaging	1,150,605	7,297,831	0.157664	0	0
59.07	Psych Rehab	698,615	3,518,455	0.198557	0	0
59.08	Wound Care	1,347,797	3,606,138	0.373751	0	0
59.09	Pain Treatment Center	382,035	188,712	2.024432	0	0
59.10	Psych Outpatient	693,475	5,375,633	0.129003	0	0
60.00	Clinic	0	0	0.000000	0	0
61.00	Emergency	7,194,008	38,975,674	0.184577	0	0
62.00	Observation Beds	0	0	0.000000	0	0
63.00		0	0	0.000000	0	0
64.00		0	0	0.000000	0	0
65.00		0	0	0.000000	0	0
66.00		0	0	0.000000	0	0
67.00		0	0	0.000000	0	0
68.00		0	0	0.000000	0	0
TOTAL		\$ 112,179,679	\$ 739,490,153		\$ 315,542	\$ 30,474

(To Schedule 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTERFiscal Period Ended:
JUNE 30, 2008Provider No:
ZZT 30058G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 17)	AUDITED
37.00	Operating Room	\$ 0	\$ 0	\$ 0
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	0	0	0
40.00	Anesthesiology	0	0	0
41.00	Radiology-Diagnostic	0	4,185	4,185
42.00	Radiology-Therapeutic	0	0	0
43.00	Radioisotope	0	0	0
44.00	Laboratory	0	57,007	57,007
49.00	Respiratory Therapy	0	0	0
50.00	Physical Therapy	0	11,254	11,254
51.00	Occupational Therapy	0	1,120	1,120
52.00	Speech Pathology	0	1,320	1,320
53.00	Electrocardiology	0	0	0
54.00	Electroencephalography	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0
56.00	Drugs Charged to Patients	0	240,656	240,656
57.00	Renal Dialysis	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0
59.00	Lab - Pathological	0	0	0
59.01	Cardiopulmonary	0	0	0
59.02	Cardiac Fitness	0	0	0
59.03	Electromyography	0	0	0
59.04	Gastrointestinal Service	0	0	0
59.05	Outpatient Psych	0	0	0
59.06	Magnetic Resonance Imaging	0	0	0
59.07	Psych Rehab	0	0	0
59.08	Wound Care	0	0	0
59.09	Pain Treatment Center	0	0	0
59.10	Psych Outpatient	0	0	0
60.00	Clinic	0	0	0
61.00	Emergency	0	0	0
62.00	Observation Beds	0	0	0
63.00		0	0	0
64.00		0	0	0
65.00		0	0	0
66.00		0	0	0
67.00		0	0	0
68.00		0	0	0
		0	0	
		0	0	
		0	0	
		0	0	
		0	0	
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 315,542	\$ 315,542

(To Schedule 5)

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
ZZT 30058G

	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	\$ 9,956,882	0.000000	\$ 0	\$ 0
41.00	Radiology - Diagnostic	0	106,403,465	0.000000	0	0
43.00	Radioisotope	0	11,432,472	0.000000	0	0
44.00	Laboratory	0	73,700,246	0.000000	0	0
53.00	Electrocardiology	0	23,087,784	0.000000	0	0
54.00	Electroencephalography	0	827,992	0.000000	0	0
61.00	Emergency	0	38,975,674	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
	TOTAL	\$ 0	\$ 264,384,515		\$ 0	\$ 0

(To Schedule 3)

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-1)	\$ 11,578	\$ 0
2. Excess Reasonable Cost Over Charges (Schedule 2-1)	\$ (11,578)	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	\$ 0
4.	\$ 0	\$ 0
5. TOTAL COST - Reimbursable to Provider (Lines 1 through 4)	\$ 0	\$ 0
6. Interim Payments (Adj)	\$ 0	\$ 0
7. Balance Due Provider (State)	\$ 0	\$ 0
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0
	(To Summary of Findings)	

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

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3-1) \$ 11,578 \$ 0

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj) \$ 0 \$ 0

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

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

5. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 0

6. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 11,578 \$ 0
(To Schedule 1-1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5-1)	\$ <u>0</u>	\$ <u>0</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4-1)	\$ <u>11,578</u>	\$ <u>0</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>11,578</u>	\$ <u>0</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-1)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>11,578</u>	\$ <u>0</u>
	(To Schedule 2-1)	
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj)	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>11,578</u>	\$ <u>0</u>
	(To Schedule 1-1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 5)	3,047	0
2. Inpatient Days (include private, exclude swing-bed)	3,047	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 5)	3,047	0
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 20)	12	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, Part I, Line 30, Col 27)	\$ 2,939,929	\$ 0
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)	\$ 2,939,929	\$ 0

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed chgs) (Adjs 10,12,13)	\$ 5,920,814	\$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed chgs) (Adjs 10,12,13)	\$ 5,920,814	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.496541	\$ 0.000000
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)	\$ 1,943.16	\$ 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)	\$ 2,939,929	\$ 0

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 964.86	\$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 11,578	\$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-1)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-1)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 11,578	\$ 0

(To Schedule 3-1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,148,982	\$ 1,133,878
2. Total Inpatient Days (Adj 7)	3,493	3,502
3. Average Per Diem Cost	\$ 328.94	\$ 323.78
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)	\$ 12,995,279	\$ 12,836,985
7. Total Inpatient Days (Adj 7)	5,877	5,863
8. Average Per Diem Cost	\$ 2,211.21	\$ 2,189.49
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 27.01, Col 27)	\$ 6,044,503	\$ 5,965,862
17. Total Inpatient Days (Adj 7)	3,878	3,868
18. Average Per Diem Cost	\$ 1,558.67	\$ 1,542.36
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)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
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	\$ 0

(To Schedule 4-1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

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

(To Schedule 4-1)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-1)	MEDI-CAL COST
37.00	Operating Room	\$ 7,104,889	\$ 62,102,663	0.114406	\$ 0	\$ 0
38.00	Recovery Room	1,873,973	14,318,383	0.130879	0	0
39.00	Delivery Room and Labor Room	6,879,676	14,919,111	0.461132	0	0
40.00	Anesthesiology	63,567	9,956,882	0.006384	0	0
41.00	Radiology-Diagnostic	10,478,012	106,403,465	0.098474	0	0
42.00	Radiology-Therapeutic	3,322,057	7,679,576	0.432583	0	0
43.00	Radioisotope	1,269,614	11,432,472	0.111053	0	0
44.00	Laboratory	9,751,548	73,700,246	0.132314	0	0
49.00	Respiratory Therapy	3,920,162	25,718,323	0.152427	0	0
50.00	Physical Therapy	2,883,233	12,390,612	0.232695	0	0
51.00	Occupational Therapy	1,289,679	3,826,292	0.337057	0	0
52.00	Speech Pathology	357,770	1,458,885	0.245236	0	0
53.00	Electrocardiology	2,276,349	23,087,784	0.098595	0	0
54.00	Electroencephalography	111,991	827,992	0.135256	0	0
55.00	Medical Supplies Charged to Patients	26,056,000	80,340,073	0.324321	0	0
56.00	Drugs Charged to Patients	13,766,437	172,571,211	0.079773	0	0
57.00	Renal Dialysis	1,794,394	11,276,334	0.159129	0	0
58.00	ASC (Non-Distinct Part)	2,711,310	10,411,052	0.260426	0	0
59.00	Lab - Pathological	704,623	2,280,653	0.308957	0	0
59.01	Cardiopulmonary	1,356,322	15,595,167	0.086971	0	0
59.02	Cardiac Fitness	652,364	1,017,273	0.641287	0	0
59.03	Electromyography	83,781	223,419	0.374993	0	0
59.04	Gastrointestinal Service	1,876,320	18,696,707	0.100356	0	0
59.05	Outpatient Psych	129,071	293,135	0.440312	0	0
59.06	Magnetic Resonance Imaging	1,150,605	7,297,831	0.157664	0	0
59.07	Psych Rehab	698,615	3,518,455	0.198557	0	0
59.08	Wound Care	1,347,797	3,606,138	0.373751	0	0
59.09	Pain Treatment Center	382,035	188,712	2.024432	0	0
59.10	Psych Outpatient	693,475	5,375,633	0.129003	0	0
60.00	Clinic	0	0	0.000000	0	0
61.00	Emergency	7,194,008	38,975,674	0.184577	0	0
62.00	Observation Beds	0	0	0.000000	0	0
63.00		0	0	0.000000	0	0
64.00		0	0	0.000000	0	0
65.00		0	0	0.000000	0	0
66.00		0	0	0.000000	0	0
67.00		0	0	0.000000	0	0
68.00		0	0	0.000000	0	0
TOTAL		\$ 112,179,679	\$ 739,490,153		\$ 0	\$ 0

(To Schedule 3-1)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	AUDITED
37.00	Operating Room	\$ 0	\$ 0	\$ 0
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	0	0	0
40.00	Anesthesiology	0	0	0
41.00	Radiology-Diagnostic	0	0	0
42.00	Radiology-Therapeutic	0	0	0
43.00	Radioisotope	0	0	0
44.00	Laboratory	0	0	0
49.00	Respiratory Therapy	0	0	0
50.00	Physical Therapy	0	0	0
51.00	Occupational Therapy	0	0	0
52.00	Speech Pathology	0	0	0
53.00	Electrocardiology	0	0	0
54.00	Electroencephalography	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0
56.00	Drugs Charged to Patients	0	0	0
57.00	Renal Dialysis	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0
59.00	Lab - Pathological	0	0	0
59.01	Cardiopulmonary	0	0	0
59.02	Cardiac Fitness	0	0	0
59.03	Electromyography	0	0	0
59.04	Gastrointestinal Service	0	0	0
59.05	Outpatient Psych	0	0	0
59.06	Magnetic Resonance Imaging	0	0	0
59.07	Psych Rehab	0	0	0
59.08	Wound Care	0	0	0
59.09	Pain Treatment Center	0	0	0
59.10	Psych Outpatient	0	0	0
60.00	Clinic	0	0	0
61.00	Emergency	0	0	0
62.00	Observation Beds	0	0	0
63.00		0	0	0
64.00		0	0	0
65.00		0	0	0
66.00		0	0	0
67.00		0	0	0
68.00		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	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	\$ 9,956,882	0.000000	\$ 0	\$ 0
41.00	Radiology - Diagnostic	0	106,403,465	0.000000	0	0
43.00	Radioisotope	0	11,432,472	0.000000	0	0
44.00	Laboratory	0	73,700,246	0.000000	0	0
53.00	Electrocardiology	0	23,087,784	0.000000	0	0
54.00	Electroencephalography	0	827,992	0.000000	0	0
61.00	Emergency	0	38,975,674	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
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		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
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		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
	TOTAL	\$ 0	\$ 264,384,515		\$ 0	\$ 0

(To Schedule 3-1)

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-2)	\$ 26,654	\$ 0
2. Excess Reasonable Cost Over Charges (Schedule 2-2)	\$ (26,654)	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	\$ 0
4.	\$ 0	\$ 0
5. TOTAL COST - Reimbursable to Provider (Lines 1 through 4)	\$ 0	\$ 0
6. Interim Payments (Adj)	\$ 0	\$ 0
7. Balance Due Provider (State)	\$ 0	\$ 0
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0

(To Summary of Findings)

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

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3-2)	\$ <u>26,654</u>	\$ <u>0</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj)	\$ <u>0</u>	\$ <u>0</u>
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3. Inpatient Ancillary Service Charges (Adj)	\$ <u>0</u>	\$ <u>0</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>0</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>0</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>26,654</u>	\$ <u>0</u>
	(To Schedule 1-2)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5-2)	\$ <u>0</u>	\$ <u>0</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4-2)	\$ <u>26,654</u>	\$ <u>0</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>26,654</u>	\$ <u>0</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-2)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>26,654</u>	\$ <u>0</u>
	(To Schedule 2-2)	
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj)	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>26,654</u></u>	\$ <u><u>0</u></u>

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTERFiscal Period Ended:
JUNE 30, 2008Provider No:
HSC 30058G

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adjs 6-8)	8,865	0
2. Inpatient Days (include private, exclude swing-bed)	8,865	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 6-8)	8,865	0
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 21)	25	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, Part I, Line 31, Col 27)	\$ 9,451,433	\$ 0
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)	\$ 9,451,433	\$ 0

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed chgs) (Adjs 11 -13)	\$ 18,735,671	\$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed chgs) (Adjs 11 - 13)	\$ 18,735,671	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.504462	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 2,113.44	\$ 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)	\$ 9,451,433	\$ 0

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,066.15	\$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 26,654	\$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-2)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-2)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 26,654	\$ 0

(To Schedule 3-2)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,148,982	\$ 1,133,878
2. Total Inpatient Days (Adj 7)	3,493	3,502
3. Average Per Diem Cost	\$ 328.94	\$ 323.78
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)	\$ 12,995,279	\$ 12,836,985
7. Total Inpatient Days (Adj 7)	5,877	5,863
8. Average Per Diem Cost	\$ 2,211.21	\$ 2,189.49
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 27.01, Col 27)	\$ 6,044,503	\$ 5,965,862
17. Total Inpatient Days (Adj 7)	3,878	3,868
18. Average Per Diem Cost	\$ 1,558.67	\$ 1,542.36
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)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
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	\$ 0

(To Schedule 4-2)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

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

(To Schedule 4-2)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj)	AUDITED
37.00	Operating Room	\$ 0	\$ 0	\$ 0
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	0	0	0
40.00	Anesthesiology	0	0	0
41.00	Radiology-Diagnostic	0	0	0
42.00	Radiology-Therapeutic	0	0	0
43.00	Radioisotope	0	0	0
44.00	Laboratory	0	0	0
49.00	Respiratory Therapy	0	0	0
50.00	Physical Therapy	0	0	0
51.00	Occupational Therapy	0	0	0
52.00	Speech Pathology	0	0	0
53.00	Electrocardiology	0	0	0
54.00	Electroencephalography	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0
56.00	Drugs Charged to Patients	0	0	0
57.00	Renal Dialysis	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0
59.00	Lab - Pathological	0	0	0
59.01	Cardiopulmonary	0	0	0
59.02	Cardiac Fitness	0	0	0
59.03	Electromyography	0	0	0
59.04	Gastrointestinal Service	0	0	0
59.05	Outpatient Psych	0	0	0
59.06	Magnetic Resonance Imaging	0	0	0
59.07	Psych Rehab	0	0	0
59.08	Wound Care	0	0	0
59.09	Pain Treatment Center	0	0	0
59.10	Psych Outpatient	0	0	0
60.00	Clinic	0	0	0
61.00	Emergency	0	0	0
62.00	Observation Beds	0	0	0
63.00		0	0	0
64.00		0	0	0
65.00		0	0	0
66.00		0	0	0
67.00		0	0	0
68.00		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

(To Schedule 5-2)

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	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	\$ 9,956,882	0.000000	\$ 0	\$ 0
41.00	Radiology - Diagnostic	0	106,403,465	0.000000	0	0
43.00	Radioisotope	0	11,432,472	0.000000	0	0
44.00	Laboratory	0	73,700,246	0.000000	0	0
53.00	Electrocardiology	0	23,087,784	0.000000	0	0
54.00	Electroencephalography	0	827,992	0.000000	0	0
61.00	Emergency	0	38,975,674	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
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		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
	TOTAL	\$ 0	\$ 264,384,515		\$ 0	\$ 0

(To Schedule 3-2)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>37,372,837</u>	\$ <u>33,790,122</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>37,372,837</u>	\$ <u>33,790,122</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><u>37,372,837</u></u>	\$ <u><u>33,790,122</u></u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Medi-Cal Credit Balances (Adj 26)	\$ <u>0</u>	\$ <u>(12,276)</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>0</u></u>	\$ <u><u>(12,276)</u></u>
	(To Summary of Findings)	

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

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>37,372,837</u>	\$ <u>34,890,359</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 24)	\$ <u>0</u>	\$ <u>73,565,436</u>
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3. Inpatient Ancillary Service Charges (Adj 24)	\$ <u>122,306,630</u>	\$ <u>117,550,358</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>122,306,630</u>	\$ <u>191,115,794</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>84,933,793</u>	\$ <u>156,225,435</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
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(To Contract Sch 1)

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

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

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>18,052,616</u>	\$ <u>16,678,830</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>19,320,221</u>	\$ <u>18,211,529</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>37,372,837</u>	\$ <u>34,890,359</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>37,372,837</u>	\$ <u>34,890,359</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 25)	\$ <u>0</u>	\$ <u>(1,066,351)</u>
10. Deductibles (Adj 25)	\$ <u>0</u>	\$ <u>(33,886)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>37,372,837</u></u>	\$ <u><u>33,790,122</u></u>
	(To Contract Sch 1)	

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

Provider Name:
GLENDAL MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adjs 5-9)	49,210	61,466
2. Inpatient Days (include private, exclude swing-bed)	49,210	61,466
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 5-9)	49,210	61,466
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 22)	13,278	11,391

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)	\$ 42,889,664	\$ 54,789,723
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)	\$ 42,889,664	\$ 54,789,723

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed chgs)(Adjs 10-13)	\$ 69,597,745	\$ 180,614,969
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed chgs)(Adjs 10-13)	\$ 69,597,745	\$ 180,614,969
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.616251	\$ 0.303351
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)	\$ 1,414.30	\$ 2,938.45
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)	\$ 42,889,664	\$ 54,789,723

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 871.56	\$ 891.38
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 11,572,574	\$ 10,153,710
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 7,747,647	\$ 8,057,819
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 19,320,221	\$ 18,211,529

(To Contract Sch 3)

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

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,148,982	\$ 1,133,878
2. Total Inpatient Days (Adj 7)	3,493	3,502
3. Average Per Diem Cost	\$ 328.94	\$ 323.78
4. Medi-Cal Inpatient Days (Adj 22)	1,593	1,578
5. Cost Applicable to Medi-Cal	\$ 524,001	\$ 510,925
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 12,995,279	\$ 12,836,985
7. Total Inpatient Days (Adj 7)	5,877	5,863
8. Average Per Diem Cost	\$ 2,211.21	\$ 2,189.49
9. Medi-Cal Inpatient Days (Adj 22)	1,592	1,721
10. Cost Applicable to Medi-Cal	\$ 3,520,246	\$ 3,768,112
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 27.01, Col 27)	\$ 6,044,503	\$ 5,965,862
17. Total Inpatient Days (Adj 7)	3,878	3,868
18. Average Per Diem Cost	\$ 1,558.67	\$ 1,542.36
19. Medi-Cal Inpatient Days (Adj 22)	2,376	2,450
20. Cost Applicable to Medi-Cal	\$ 3,703,400	\$ 3,778,782
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)	\$ 7,747,647	\$ 8,057,819
	(To Contract Sch 4)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

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:
GLENDAL MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	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	\$ 9,956,882	0.000000	\$ 0	\$ 0
41.00	Radiology - Diagnostic	0	106,403,465	0.000000	0	0
43.00	Radioisotope	0	11,432,472	0.000000	0	0
44.00	Laboratory	0	73,700,246	0.000000	0	0
53.00	Electrocardiology	0	23,087,784	0.000000	0	0
54.00	Electroencephalography	0	827,992	0.000000	0	0
61.00	Emergency	0	38,975,674	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
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		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
	TOTAL	\$ 0	\$ 264,384,515		\$ 0	\$ 0

(To Contract Sch 3)

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

Provider Name:
GLENDAL MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 17,062	\$ 17,062
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 3,032,661	\$ 3,018,913	\$ (13,748)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 3,032,661	\$ 3,035,975	\$ 3,314
4. Total Distinct Part Patient Days (Adj 7)	2,802	3,008	206
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 1,082.32	\$ 1,009.30	\$ (73.02)
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	30	30	0
10. Total Licensed Capacity (All levels) (Adj)	334	334	0
11. Total Medi-Cal DP Patient Days (Adj)	0	0	0
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 273,590	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 273,590	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 762,485	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 678,264	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 1,440,749	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
GLENDAL MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 1,495,571	\$ 1,495,571	\$ 0
1.00	Old Cap Rel Costs-Bldg and Fixtures	7,963	7,963	0
2.00	Old Cap Rel Costs-Movable Equipment	504	504	0
3.00	New Cap Rel Costs-Bldg and Fixtures	58,380	70,359	11,979
4.00	New Cap Rel Costs-Movable Equipment	95,910	103,380	7,470
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	233,857	227,478	(6,379)
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	390,129	365,163	(24,966)
7.00	Maintenance and Repairs	260,039	262,454	2,415
8.00	Operation of Plant	90,673	90,419	(254)
9.00	Laundry and Linen Service	43,720	43,194	(526)
10.00	Housekeeping	70,834	69,778	(1,056)
11.00	Dietary	107,902	107,622	(280)
12.00	Cafeteria	25,336	25,172	(164)
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	70,616	69,541	(1,076)
15.00	Central Services and Supply	0	0	0
16.00	Pharmacy	0	0	0
17.00	Medical Records and Library	12,024	11,922	(103)
18.00	Social Service	66,786	66,022	(765)
18.02	Radiology Transport	0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	2,415	2,373	(43)
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 3,032,661	\$ 3,018,913	\$ (13,748)

(To DPNF Sch 1)

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

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
ANCILLARY COST CENTERS		(From DPNF Sch 4)				
49.00	Respiratory Therapy	\$ 3,920,162	\$ 25,718,323	0.152427	\$ 32,405	\$ 4,939
55.00	Med Supplies Charged to Patients	26,056,000	80,340,073	0.324321	37,380	12,123
56.00	Drugs Charged to Patients	13,766,437	172,571,211	0.079773	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
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		0	0	0.000000	0	0
		0	0	0.000000	0	0
101.00	TOTAL	\$ 43,742,600	\$ 278,629,607		\$ 69,785	\$ 17,062

(To DPNF Sch 1)

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

ADJUSTMENTS TO TOTAL
DISTINCT PART ANCILLARY CHARGES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 14)	AUDITED
49.00	Respiratory Therapy	\$ 0	\$ 32,405	\$ 32,405
55.00	Med Supplies Charged to Patients	0	37,380	37,380
56.00	Drugs Charged to Patients	0	0	0
		0	0	0
		0	0	0
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		0	0	0
TOTAL DP ANCILLARY CHARGES		\$ 0	\$ 69,785	\$ 69,785

(To DPNF Sch 3)

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

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC 30058G

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs-Bldg and Fixtures	\$ 7,963	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	504	N/A
3.00	New Cap Rel Costs-Bldg and Fixtures	70,359	N/A
4.00	New Cap Rel Costs-Movable Equipment	103,380	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	501	226,977
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	13,219	131,417
7.00	Maintenance and Repairs	48,906	77,333
8.00	Operation of Plant	7,221	7,046
9.00	Laundry and Linen Service	251	2,500
10.00	Housekeeping	1,326	45,418
11.00	Dietary	11,524	53,609
12.00	Cafeteria	2,194	16,882
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	1,819	56,339
15.00	Central Services and Supply	0	0
16.00	Pharmacy	0	0
17.00	Medical Records and Library	729	6,077
18.00	Social Service	3,679	52,820
18.02	Radiology Transport	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	15	1,847
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 273,590	\$ 678,264

* These amounts include both Skilled Nursing Facility expenses, line 34 and Nursing Facility expenses, line 35. (To DPNF SCH 1)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEA

Fiscal Period Ended:
JUNE 30, 2008

	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	877,362	0	0	0	0	0	0	0	0	4,661,281	893,386
38.00 Recovery Room	0	290,991	0	0	0	0	0	0	0	0	1,338,386	256,516
39.00 Delivery Room and Labor Room	0	961,953	0	0	0	0	0	0	0	0	4,728,762	906,319
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	10,613	2,034
41.00 Radiology-Diagnostic	0	1,141,050	0	0	0	0	0	0	0	0	7,207,561	1,381,408
42.00 Radiology-Therapeutic	0	247,161	0	0	0	0	0	0	0	0	1,981,085	379,697
43.00 Radioisotope	0	123,094	0	0	0	0	0	0	0	0	962,699	184,512
44.00 Laboratory	0	767,775	0	0	0	0	0	0	0	0	7,601,744	1,456,957
49.00 Respiratory Therapy	0	589,878	0	0	0	0	0	0	0	0	3,076,614	589,667
50.00 Physical Therapy	0	405,990	0	0	0	0	0	0	0	0	2,136,423	409,469
51.00 Occupational Therapy	0	113,563	0	0	0	0	0	0	0	0	704,809	135,084
52.00 Speech Pathology	0	54,404	0	0	0	0	0	0	0	0	266,506	51,079
53.00 Electrocardiology	0	299,748	0	0	0	0	0	0	0	0	1,602,272	307,093
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	87,422	16,755
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	19,376,006	3,713,624
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	6,751,579	1,294,014
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	1,469,625	281,670
58.00 ASC (Non-Distinct Part)	0	310,493	0	0	0	0	0	0	0	0	1,641,220	314,558
59.00 Lab - Pathological	0	52,219	0	0	0	0	0	0	0	0	481,102	92,208
59.01 Cardiopulmonary	0	214,094	0	0	0	0	0	0	0	0	1,056,578	202,505
59.02 Cardiac Fitness	0	73,503	0	0	0	0	0	0	0	0	406,805	77,969
59.03 Electromyography	0	1,297	0	0	0	0	0	0	0	0	53,218	10,200
59.04 Gastrointestinal Service	0	213,742	0	0	0	0	0	0	0	0	1,238,371	237,347
59.05 Outpatient Psych	0	24,102	0	0	0	0	0	0	0	0	105,877	20,292
59.06 Magnetic Resonance Imaging	0	0	0	0	0	0	0	0	0	0	935,803	179,357
59.07 Psych Rehab	0	74,035	0	0	0	0	0	0	0	0	570,729	109,386
59.08 Wound Care	0	125,611	0	0	0	0	0	0	0	0	971,100	186,122
59.09 Pain Treatment Center	0	41,558	0	0	0	0	0	0	0	0	259,682	49,771
59.10 Psych Outpatient	0	51,278	0	0	0	0	0	0	0	0	513,985	98,511
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	851,164	0	0	0	0	0	0	0	0	5,069,672	971,658
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.00	0	0	0	0	0	0	0	0	0	0	0	0
64.00	0	0	0	0	0	0	0	0	0	0	0	0
65.00	0	0	0	0	0	0	0	0	0	0	0	0
66.00	0	0	0	0	0	0	0	0	0	0	0	0
67.00	0	0	0	0	0	0	0	0	0	0	0	0
68.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	0	17,631	0	0	0	0	0	0	0	0	196,131	37,591
100.00 Health Promotion	0	0	0	0	0	0	0	0	0	0	58	11
100.01 Elder-Med	0	0	0	0	0	0	0	0	0	0	173	33
100.02 Marketing	0	26,630	0	0	0	0	0	0	0	0	427,536	81,942
100.03 Business Development	0	48,436	0	0	0	0	0	0	0	0	446,243	85,527
100.04 Health Information	0	0	0	0	0	0	0	0	0	0	6,609	1,267
100.06 Foundation	0	12,661	0	0	0	0	0	0	0	0	895,189	171,573
100.10 Research	0	128,941	0	0	0	0	0	0	0	0	686,503	131,576
100.11	0	0	0	0	0	0	0	0	0	0	0	0
100.12	0	0	0	0	0	0	0	0	0	0	0	0
100.13	0	0	0	0	0	0	0	0	0	0	0	0
100.14	0	0	0	0	0	0	0	0	0	0	0	0
100.15	0	0	0	0	0	0	0	0	0	0	0	0
100.15	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	24,076,801	0	0	0	0	0	0	0	0	193,757,272	31,162,977

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
 GLENDALE MEMORIAL HOSPITAL AND HEA

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	716,719	246,920	25,199	190,552	0	58,594	0	74,818	0	0	237,346	63
38.00 Recovery Room	93,020	32,047	20,545	24,731	0	16,484	0	37,519	0	0	54,722	0
39.00 Delivery Room and Labor Room	586,851	202,178	60,157	156,024	0	65,604	0	106,130	0	0	57,018	10,628
40.00 Anesthesiology	7,989	2,752	0	2,124	0	0	0	0	0	0	38,054	0
41.00 Radiology-Diagnostic	613,745	211,444	125,155	163,174	0	93,441	0	22,678	0	0	406,656	0
42.00 Radiology-Therapeutic	499,896	172,221	19,740	132,906	0	28,867	0	29	0	0	29,350	188
43.00 Radioisotope	37,392	12,882	11,886	9,941	0	6,607	0	0	0	0	43,693	0
44.00 Laboratory	211,218	72,767	0	56,156	0	71,018	0	0	0	0	281,670	0
49.00 Respiratory Therapy	75,076	25,865	0	19,960	0	34,480	0	202	0	0	98,291	0
50.00 Physical Therapy	141,286	48,675	31,057	37,563	0	31,397	0	3	0	0	47,355	0
51.00 Occupational Therapy	264,880	91,255	0	70,423	0	8,606	0	0	0	0	14,623	0
52.00 Speech Pathology	19,114	6,585	0	5,082	0	3,827	0	0	0	0	5,576	0
53.00 Electrocardiology	145,845	50,246	18,215	38,775	0	25,315	0	346	0	0	86,238	0
54.00 Electroencephalography	2,886	994	0	767	0	0	0	0	0	0	3,164	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	2,659,307	5,061,541	307,047	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	659,539	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	43,096	0
58.00 ASC (Non-Distinct Part)	372,204	128,229	44,569	98,956	0	22,350	0	49,433	0	0	39,789	0
59.00 Lab - Pathological	72,149	24,856	0	19,182	0	6,408	0	0	0	0	8,716	0
59.01 Cardiopulmonary	12,004	4,135	0	3,191	0	18,258	0	44	0	0	59,602	0
59.02 Cardiac Fitness	95,111	32,767	4,015	25,287	0	6,520	0	0	0	0	3,888	0
59.03 Electromyography	12,004	4,135	0	3,191	0	178	0	0	0	0	854	0
59.04 Gastrointestinal Service	158,643	54,655	31,333	42,178	0	14,742	0	27,591	0	0	71,456	0
59.05 Outpatient Psych	0	0	0	0	0	1,781	0	0	0	0	1,120	0
59.06 Magnetic Resonance Imaging	0	0	7,552	0	0	0	0	0	0	0	27,891	0
59.07 Psych Rehab	0	0	0	0	0	5,052	0	0	0	0	13,447	0
59.08 Wound Care	87,875	30,274	3,239	23,363	0	12,068	0	19,974	0	0	13,782	0
59.09 Pain Treatment Center	42,411	14,611	0	11,276	0	3,163	0	400	0	0	721	0
59.10 Psych Outpatient	34,129	11,758	0	9,074	0	4,497	0	974	0	0	20,545	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	342,006	117,826	77,343	90,928	110,076	57,981	0	177,241	0	0	148,959	27,884
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.00	0	0	0	0	0	0	0	0	0	0	0	0
64.00	0	0	0	0	0	0	0	0	0	0	0	0
65.00	0	0	0	0	0	0	0	0	0	0	0	0
66.00	0	0	0	0	0	0	0	0	0	0	0	0
67.00	0	0	0	0	0	0	0	0	0	0	0	0
68.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	40,905	14,092	0	10,875	0	1,742	0	0	0	0	0	0
100.00 Health Promotion	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Elder-Med	0	0	0	0	0	0	0	0	0	0	0	0
100.02 Marketing	14,764	5,087	0	3,925	65	3,103	0	442	0	0	0	0
100.03 Business Development	16,605	5,721	0	4,415	0	4,850	0	0	0	0	0	0
100.04 Health Information	7,696	2,651	0	2,046	0	0	0	0	0	0	0	0
100.06 Foundation	320,173	110,304	0	85,123	0	355	0	0	0	0	0	0
100.10 Research	0	0	0	0	0	9,329	0	0	0	0	0	0
100.11	0	0	0	0	0	0	0	0	0	0	0	0
100.12	0	0	0	0	0	0	0	0	0	0	0	0
100.13	0	0	0	0	0	0	0	0	0	0	0	0
100.14	0	0	0	0	0	0	0	0	0	0	0	0
100.15	0	0	0	0	0	0	0	0	0	0	0	0
100.15	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	11,249,675	3,765,855	1,290,046	2,895,158	3,002,901	1,480,299	0	2,415,331	2,659,307	5,061,541	3,914,915	645,961

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEA

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 18.02	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 (Adjs 1,2) 26.00	TOTAL COST 27.00
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg and Fixtures											
2.00 Old Cap Rel Costs-Movable Equipmer											
3.00 New Cap Rel Costs-Bldg and Fixtures											
4.00 New Cap Rel Costs-Movable Equipme											
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00 Employee Benefits											
6.01 Non-Patient Telephones											
6.02 Data Processing											
6.03 Purchasing/Receiving											
6.04 Patient Admitting											
6.05 Patient Business Office											
6.06											
6.07											
6.08											
6.00 Administrative and General											
7.00 Maintenance and Repairs											
8.00 Operation of Plant											
9.00 Laundry and Linen Service											
10.00 Housekeeping											
11.00 Dietary											
12.00 Cafeteria											
13.00 Maintenance of Personnel											
14.00 Nursing Administration											
15.00 Central Services and Supply											
16.00 Pharmacy											
17.00 Medical Records and Library											
18.00 Social Service											
18.02 Radiology Transport	0										
19.02	0										
19.03	0										
20.00	0										
21.00 Nursing School	0				0						
22.00 Intern & Res Service-Salary & Fringes	0				0						
23.00 Intern & Res Other Program	0				0						
24.00 Paramedical Ed Program	0				0						
INPATIENT ROUTINE COST CENTE											
25.00 Adults and Pediatrics (Gen Routine)	0				0			40,376	42,501,570	12,288,153	54,789,723
26.00 Intensive Care Unit	0				0			0	12,836,985		12,836,985
27.00 Coronary Care Unit	0				0			0	0		0
27.01 Neonatal Intensive Care	0				0			6,578	5,965,862		5,965,862
29.00 Surgical Intensive Care	0				0			0	0		0
31.00 Subprovider I	0				0			2,782	2,914,197	(2,914,197)	0
31.01 Subprovider II	0				0			11,667	9,373,956	(9,373,956)	0
32.00	0				0			0	0		0
33.00 Nursery	0				0			0	1,133,878		1,133,878
34.00 Medicare Certified Nursing Facility	0				0			2,373	3,018,912		3,018,912
35.00 Distinct Part Nursing Facility	0				0			0	0		0
36.00 Adult Subacute Care Unit	0				0			0	0		0
36.01 Subacute Care Unit II	0				0			0	0		0
36.02 Transitional Care Unit	0				0			0	0		0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 18.02	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 (Adjs 1,2) 26.00	TOTAL COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	7,104,889	0	7,104,889
38.00 Recovery Room	0	0	0	0	0	0	0	0	1,873,973	0	1,873,973
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	6,879,676	0	6,879,676
40.00 Anesthesiology	0	0	0	0	0	0	0	0	63,567	0	63,567
41.00 Radiology-Diagnostic	252,725	0	0	0	0	0	0	0	10,478,012	0	10,478,012
42.00 Radiology-Therapeutic	78,076	0	0	0	0	0	0	0	3,322,057	0	3,322,057
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,269,614	0	1,269,614
44.00 Laboratory	0	0	0	0	0	0	0	0	9,751,548	0	9,751,548
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	3,920,162	0	3,920,162
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,883,233	0	2,883,233
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,289,679	0	1,289,679
52.00 Speech Pathology	0	0	0	0	0	0	0	0	357,770	0	357,770
53.00 Electrocardiology	0	0	0	0	0	0	0	0	2,276,349	0	2,276,349
54.00 Electroencephalography	0	0	0	0	0	0	0	0	111,991	0	111,991
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	26,056,000	0	26,056,000
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	13,766,437	0	13,766,437
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	1,794,394	0	1,794,394
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	2,711,310	0	2,711,310
59.00 Lab - Pathological	0	0	0	0	0	0	0	0	704,623	0	704,623
59.01 Cardiopulmonary	0	0	0	0	0	0	0	0	1,356,322	0	1,356,322
59.02 Cardiac Fitness	0	0	0	0	0	0	0	0	652,364	0	652,364
59.03 Electromyography	0	0	0	0	0	0	0	0	83,781	0	83,781
59.04 Gastrointestinal Service	0	0	0	0	0	0	0	0	1,876,320	0	1,876,320
59.05 Outpatient Psych	0	0	0	0	0	0	0	0	129,071	0	129,071
59.06 Magnetic Resonance Imaging	0	0	0	0	0	0	0	0	1,150,605	0	1,150,605
59.07 Psych Rehab	0	0	0	0	0	0	0	0	698,615	0	698,615
59.08 Wound Care	0	0	0	0	0	0	0	0	1,347,797	0	1,347,797
59.09 Pain Treatment Center	0	0	0	0	0	0	0	0	382,035	0	382,035
59.10 Psych Outpatient	0	0	0	0	0	0	0	0	693,475	0	693,475
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	2,427	7,194,008	0	7,194,008
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
63.00	0	0	0	0	0	0	0	0	0	0	0
64.00	0	0	0	0	0	0	0	0	0	0	0
65.00	0	0	0	0	0	0	0	0	0	0	0
66.00	0	0	0	0	0	0	0	0	0	0	0
67.00	0	0	0	0	0	0	0	0	0	0	0
68.00	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	301,336	0	301,336
100.00 Health Promotion	0	0	0	0	0	0	0	0	69	0	69
100.01 Elder-Med	0	0	0	0	0	0	0	0	206	0	206
100.02 Marketing	0	0	0	0	0	0	0	1	536,865	0	536,865
100.03 Business Development	0	0	0	0	0	0	0	0	563,362	0	563,362
100.04 Health Information	0	0	0	0	0	0	0	0	20,270	0	20,270
100.06 Foundation	0	0	0	0	0	0	0	0	1,582,718	0	1,582,718
100.10 Research	0	0	0	0	0	0	0	0	827,407	0	827,407
100.11	0	0	0	0	0	0	0	0	0	0	0
100.12	0	0	0	0	0	0	0	0	0	0	0
100.13	0	0	0	0	0	0	0	0	0	0	0
100.14	0	0	0	0	0	0	0	0	0	0	0
100.15	0	0	0	0	0	0	0	0	0	0	0
100.15	0	0	0	0	0	0	0	0	0	0	0
TOTAL	330,802	0	0	0	0	0	0	66,204	193,757,272	0	193,757,272

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENT

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
	(Adj 4)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS										
37.00	Operating Room	2,940,840							4,661,281	17,136
38.00	Recovery Room	975,375						1,338,386	2,224	
39.00	Delivery Room and Labor Room	3,224,382						4,728,762	14,031	
40.00	Anesthesiology							10,613	191	
41.00	Radiology-Diagnostic	3,824,700						7,207,561	14,674	
42.00	Radiology-Therapeutic	828,461						1,981,085	11,952	
43.00	Radioisotope	412,601						962,699	894	
44.00	Laboratory	2,573,516						7,601,744	5,050	
49.00	Respiratory Therapy	1,977,220						3,076,614	1,795	
50.00	Physical Therapy	1,360,845						2,136,423	3,378	
51.00	Occupational Therapy	380,655						704,809	6,333	
52.00	Speech Pathology	182,356						266,506	457	
53.00	Electrocardiography	1,004,729						1,602,272	3,487	
54.00	Electroencephalography							87,422	69	
55.00	Medical Supplies Charged to Patients							19,376,006		
56.00	Drugs Charged to Patients							6,751,579		
57.00	Renal Dialysis							1,469,625		
58.00	ASC (Non-Distinct Part)	1,040,747						1,641,220	8,899	
59.00	Lab - Pathological	175,034						481,102	1,725	
59.01	Cardiopulmonary	717,626						1,056,578	287	
59.02	Cardiac Fitness	246,375						406,805	2,274	
59.03	Electromyography	4,347						53,218	287	
59.04	Gastrointestinal Service	716,445						1,238,371	3,793	
59.05	Outpatient Psych	80,787						105,877		
59.06	Magnetic Resonance Imaging							935,803		
59.07	Psych Rehab	248,159						570,729		
59.08	Wound Care	421,037						971,100	2,101	
59.09	Pain Treatment Center	139,298						259,682	1,014	
59.10	Psych Outpatient	171,881						513,985	816	
60.00	Clinic							0		
61.00	Emergency							5,069,672	8,177	
62.00	Observation Beds	2,853,028						0		
63.00								0		
64.00								0		
65.00								0		
66.00								0		
67.00								0		
68.00								0		
NONREIMBURSABLE COST CENTERS										
96.00	Gift, Flower, Coffee Shop & Canteen	59,097						196,131	978	
100.00	Health Promotion							58		
100.01	Elder-Med							173		
100.02	Marketing	89,262						427,536	353	
100.03	Business Development	162,354						446,243	397	
100.04	Health Information							6,609	184	
100.06	Foundation	42,440						895,189	7,655	
100.10	Research	432,198						686,503		
100.11								0		
100.12								0		
100.13								0		
100.14								0		
100.15								0		
100.15								0		
TOTAL		80,703,356	0	0	0	0	0	0	162,594,295	268,968
COST TO BE ALLOCATED		24,076,801	0	0	0	0	0	0	31,162,977	11,249,675
UNIT COST MULTIPLIER - SCH 8		0.298337	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.191661	41.825327

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:

GLENDALE MEMORIAL HOSPITAL AND HEALTH CENT

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (PROD HOURS) (Adj)	MAINT OF PERSONNEL (Adj)	NURSING ADMIN (PROD HRS) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS REVENUE) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT (PROD HOURS) (Adj)
GENERAL SERVICE COST CENTERS												
1.00												
2.00												
3.00												
4.00												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00												
6.01												
6.02												
6.03												
6.04												
6.05												
6.06												
6.07												
6.08												
6.00												
7.00												
8.00												
9.00												
10.00												
11.00	990		8,028									
12.00	3,174		3,174									
13.00			1,220		28,630							
14.00			10,137		32,565							
15.00	66,516		2,426		58,218		33					
16.00	2,426		5,607		50,637							
17.00	5,607		829		9,058							
18.00	829				13,157							
19.02												
19.03												
20.00												
21.00												
22.00												
23.00												
24.00												
25.00	61,725	889,307	61,725	141,068	444,341		426,159		152,915,424	5,572		
26.00	13,069	100,201	13,069		121,646		111,083		63,848,974	864		
27.00												
27.01	4,160	36,111	4,160	22,984	51,754		52,789		31,270,506	1,168		
29.00												
31.00	4,825	106,302	4,825	9,719	28,018		27,330		6,634,450	1,035		
31.01	17,328	158,598	17,328	40,765	87,356		80,968		21,065,095	17		
32.00												
33.00	943	20,869	943						6,010,842			
34.00	6,275	77,613	6,275	8,290	27,780		26,568		3,119,343	1,056		
35.00												
36.00												
36.01												
36.02												

INPATIENT ROUTINE COST CENTERS

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

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENT

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (PROD HOURS) (Adj)	MAINT OF PERSONNEL (Adj)	NURSING ADMIN (PROD HRS) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS REVENUE) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT (PROD HOURS) (Adj)
ANCILLARY COST CENTERS												
37.00	17,136	45,279	17,136		64,664		28,584			62,102,663	1	
38.00	2,224	36,917	2,224		18,192		14,334			14,318,383		
39.00	14,031	108,092	14,031		72,401		40,547			14,919,111	170	
40.00	191		191							9,956,882		
41.00	14,674	224,884	14,674		103,121		8,664			106,403,465	3	103,121
42.00	11,952	35,469	11,952		31,858		11			7,679,576		
43.00	894	21,357	894		7,291					11,432,472		
44.00	5,050		5,050		78,375					73,700,246		
49.00	1,795		1,795		38,052		77			25,718,323		
50.00	3,378	55,805	3,378		34,650		1			12,390,612		
51.00	6,333		6,333		9,498					3,826,292		
52.00	457		457		4,224					1,458,885		
53.00	3,487	32,729	3,487		27,938		132			23,087,784		
54.00	69		69							827,992		
55.00								100		80,340,073		
56.00										172,571,211		
57.00										11,276,334		
58.00	8,899	80,083	8,899		24,666		18,886			10,411,052		
59.00	1,725		1,725		7,072					2,280,653		
59.01	287		287		20,150		17			15,595,167		
59.02	2,274	7,215	2,274		7,196					1,017,273		
59.03	287		287		196					223,419		
59.04	3,793	56,301	3,793		16,269		10,541			18,696,707		
59.05					1,966					293,135		
59.06		13,570								7,297,831		
59.07					5,575					3,518,455		
59.08	2,101	5,820	2,101		13,318		7,631			3,606,138		
59.09	1,014		1,014		3,491		153			188,712		
59.10	816		816		4,963		372			5,375,633		
60.00												
61.00	8,177	138,973	8,177	8,479	63,988		67,715			38,975,674	446	
62.00												
63.00												
64.00												
65.00												
66.00												
67.00												
68.00												
NONREIMBURSABLE COST CENTERS												
96.00	978		978		1,922							
100.00												
100.01												
100.02	353		353	5	3,424		169					
100.03	397		397		5,352							
100.04	184		184									
100.06	7,655		7,655		392							
100.10					10,295							
100.11												
100.12												
100.13												
100.14												
100.15												
100.15												
TOTAL	261,347	2,318,011	260,357	231,310	1,633,659	0	922,776	100	100	1,024,354,787	10,332	134,979
COST TO BE ALLOCATED	3,765,855	1,290,046	2,895,158	3,002,901	1,480,299	0	2,415,331	2,659,307	5,061,541	3,914,915	645,961	330,802
UNIT COST MULTIPLIER - SCH 8	14,409,405	0,556,631	11,119,954	12,982,148	0,906,125	0,000,000	2,617,462	26,693,071,847	50,615,405,555	0,003,822	62,520,402	2,450,765

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENT

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 (MEALS SRV)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
37.00	19.02	19.03	20.00	21.00	22.00	23.00	24.00
Operating Room	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
38.00							
Recovery Room							
39.00							
Delivery Room and Labor Room							
40.00							
Anesthesiology							
41.00							
Radiology-Diagnostic							
42.00							
Radiology-Therapeutic							
43.00							
Radioisotope							
44.00							
Laboratory							
49.00							
Respiratory Therapy							
50.00							
Physical Therapy							
51.00							
Occupational Therapy							
52.00							
Speech Pathology							
53.00							
Electrocardiology							
54.00							
Electroencephalography							
55.00							
Medical Supplies Charged to Patients							
56.00							
Drugs Charged to Patients							
57.00							
Renal Dialysis							
58.00							
ASC (Non-Distinct Part)							
59.00							
Lab - Pathological							
59.01							
Cardiopulmonary							
59.02							
Cardiac Fitness							
59.03							
Electromyography							
59.04							
Gastrointestinal Service							
59.05							
Outpatient Psych							
59.06							
Magnetic Resonance Imaging							
59.07							
Psych Rehab							
59.08							
Wound Care							
59.09							
Pain Treatment Center							
59.10							
Psych Outpatient							
60.00							
Clinic							
61.00							
Emergency							
62.00							
Observation Beds							
63.00							
64.00							
65.00							
66.00							
67.00							
68.00							
8.479							
NONREIMBURSABLE COST CENTERS							
96.00							
Gift, Flower, Coffee Shop & Canteen							
100.00							
Health Promotion							
100.01							
Elder-Med							
100.02							
Marketing							
100.03							
Business Development							
100.04							
Health Information							
100.06							
Foundation							
100.10							
Research							
100.11							
100.12							
100.13							
100.14							
100.15							
100.15							
TOTAL	0	0	0	0	0	0	231,310
COST TO BE ALLOCATED	0	0	0	0	0	0	66,204
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.286213

TRIAL BALANCE OF EXPENSES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg and Fixtures	\$ 481,396	\$ 0	\$ 481,396
2.00	Old Cap Rel Costs-Movable Equipment	30,486	0	30,486
3.00	New Cap Rel Costs-Bldg and Fixtures	3,529,261	724,115	4,253,376
4.00	New Cap Rel Costs-Movable Equipment	5,798,017	451,572	6,249,589
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	24,698,638	(674,858)	24,023,780
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	29,776,815	(2,314,608)	27,462,207
7.00	Maintenance and Repairs	6,798,526	0	6,798,526
8.00	Operation of Plant	2,671,399	0	2,671,399
9.00	Laundry and Linen Service	1,082,561	0	1,082,561
10.00	Housekeeping	1,961,664	0	1,961,664
11.00	Dietary	1,560,119	0	1,560,119
12.00	Cafeteria	774,366	0	774,366
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	1,491,342	0	1,491,342
15.00	Central Services and Supply	1,145,152	0	1,145,152
16.00	Pharmacy	3,196,317	0	3,196,317
17.00	Medical Records and Library	2,388,457	0	2,388,457
18.00	Social Service	358,391	0	358,391
18.02	Radiology Transport	206,084	0	206,084
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	44,588	0	44,588
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics (Gen Routine)	20,997,274	0	20,997,274
26.00	Intensive Care Unit	7,118,378	0	7,118,378
27.00	Coronary Care Unit	0	0	0
27.01	Neonatal Intensive Care	3,210,554	0	3,210,554
29.00	Surgical Intensive Care	0	0	0
31.00	Subprovider I	1,398,770	0	1,398,770
31.01	Subprovider II	4,404,203	0	4,404,203
32.00		0	0	0
33.00	Nursery	669,272	0	669,272
34.00	Medicare Certified Nursing Facility	1,495,571	0	1,495,571
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	0	0	0
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 3,286,345	\$ 0	\$ 3,286,345
38.00	Recovery Room	982,818	0	982,818
39.00	Delivery Room and Labor Room	3,359,394	0	3,359,394
40.00	Anesthesiology	5,067	0	5,067
41.00	Radiology-Diagnostic	5,640,425	0	5,640,425
42.00	Radiology-Therapeutic	1,386,877	0	1,386,877
43.00	Radioisotope	813,646	0	813,646
44.00	Laboratory	6,687,333	0	6,687,333
49.00	Respiratory Therapy	2,434,615	0	2,434,615
50.00	Physical Therapy	1,632,346	0	1,632,346
51.00	Occupational Therapy	407,355	0	407,355
52.00	Speech Pathology	198,833	0	198,833
53.00	Electrocardiology	1,201,273	0	1,201,273
54.00	Electroencephalography	85,418	0	85,418
55.00	Medical Supplies Charged to Patients	19,376,006	0	19,376,006
56.00	Drugs Charged to Patients	6,751,579	0	6,751,579
57.00	Renal Dialysis	1,469,625	0	1,469,625
58.00	ASC (Non-Distinct Part)	1,072,328	0	1,072,328
59.00	Lab - Pathological	378,794	0	378,794
59.01	Cardiopulmonary	834,150	0	834,150
59.02	Cardiac Fitness	267,273	0	267,273
59.03	Electromyography	43,588	0	43,588
59.04	Gastrointestinal Service	914,492	0	914,492
59.05	Outpatient Psych	81,775	0	81,775
59.06	Magnetic Resonance Imaging	935,803	0	935,803
59.07	Psych Rehab	496,694	0	496,694
59.08	Wound Care	784,483	0	784,483
59.09	Pain Treatment Center	188,681	0	188,681
59.10	Psych Outpatient	439,013	0	439,013
60.00	Clinic	0	0	0
61.00	Emergency	3,981,074	0	3,981,074
62.00	Observation Beds	0	0	0
63.00		0	0	0
64.00		0	0	0
65.00		0	0	0
66.00		0	0	0
67.00		0	0	0
68.00		0	0	0
	SUBTOTAL	\$ 193,424,704	\$ (1,813,779)	\$ 191,610,925
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	150,102	0	150,102
100.00	Health Promotion	58	0	58
100.01	Elder-Med	173	0	173
100.02	Marketing	390,656	0	390,656
100.03	Business Development	386,279	0	386,279
100.04	Health Information	1,266	0	1,266
100.06	Foundation	660,251	0	660,251
100.10	Research	557,562	0	557,562
100.11		0	0	0
100.12		0	0	0
100.13		0	0	0
100.14		0	0	0
100.15		0	0	0
100.15		0	0	0
100.99	SUBTOTAL	\$ 2,146,347	\$ 0	\$ 2,146,347
101	TOTAL	\$ 195,571,051	\$ (1,813,779)	\$ 193,757,272

(To Schedule 8)

Provider Name		Fiscal Period			Provider Number		Adjustments	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008			HSC 30058G		26	
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1	8.3	B	I	31.00	27	\$2,914,197	(\$2,914,197)	\$0
	8.3	B	I	25.00	27	42,501,570	2,914,197	45,415,767 *
<p>RECLASSIFICATIONS OF REPORTED COSTS</p> <p>To reclassify Subprovider I (Rehabilitation) costs after step-down to the Adults and Pediatrics cost center. The unit did not meet the criteria of a separate level of care. 42 CFR 413.20, 413.24, and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2336</p>								
2	8.3	B	I	31.01	27	\$9,373,956	(\$9,373,956)	\$0
	8.3	B	I	25.00	27	45,415,767	9,373,956	54,789,723
<p>To reclassify Subprovider II (Psychiatric) costs after step-down to the Adults and Pediatrics cost center. The unit did not meet the criteria of a separate level of care. 42 CFR 413.20, 413.24, and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2336</p>								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
3	10A	A	3.00	7		\$3,529,261	\$724,115	\$4,253,376	
	10A	A	4.00	7	New Capital Related Costs - Building and Fixtures	5,798,017	451,572	6,249,589	
	10A	A	5.00	7	New Capital Related Costs - Movable Equipment	24,698,638	(674,858)	24,023,780	
	10A	A	6.00	7	Employee Benefits Administrative and General	29,776,815	(2,314,608)	27,462,207	
<p style="text-align: center;">ADJUSTMENT TO REPORTED COSTS</p> <p>To adjust reported home office costs to agree with Catholic Healthcare West Home Office Audit Report for the fiscal period ended June 30, 2008: 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304</p>									

Provider Name		Fiscal Period				Provider Number		Adjustments	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
4	9	B-1		100.02	5	Marketing (Gross Salaries)	69,532	19,730	89,262
	9	B-1		5.00	5	Total - Gross Salaries	80,683,626	19,730	80,703,356
<p style="text-align: center;">ADJUSTMENT TO REPORTED STATISTICS</p> <p>To adjust the reported gross salaries statistics to agree with the provider's supporting schedules. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304</p>									

Provider Name		Fiscal Period				Provider Number		Adjustments	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.			
ADJUSTMENTS TO REPORTED PATIENT DAYS									
5	4-1	D-1	I	XIX	1.00	2	3,047	(3,047)	0
	4-1	D-1	I	XIX	4.00	2	3,047	(3,047)	0
	4, Contract 4	D-1	I	XIX	1.00	1	49,210	3,047	52,257 *
	4, Contract 4	D-1	I	XIX	4.00	1	49,210	3,047	52,257 *
Subprovider I (Inpatient Days) - Total Subprovider I (Semi-Private Room Days) - Total Adults and Pediatrics (Inpatient Days) - Total Adults and Pediatrics (Semi-Private Room Days) - Total To reclassify reported Subprovider I (Rehabilitation) total inpatient days and semi-private room days to Adults and Pediatrics cost center in conjunction with adjustment number 1. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1									
6	4-2	D-1	I	XIX	1.00	3	8,865	(8,865)	0 *
	4-2	D-1	I	XIX	4.00	3	8,865	(8,865)	0 *
	4, Contract 4	D-1	I	XIX	1.00	1	52,257	8,865	61,122 *
	4, Contract 4	D-1	I	XIX	4.00	1	52,257	8,865	61,122 *
Subprovider II (Inpatient Days) - Total Subprovider II (Semi-Private Room Days) - Total Adults and Pediatrics (Inpatient Days) - Total Adults and Pediatrics (Semi-Private Room Days) - Total To reclassify reported Subprovider II (Psychiatric) total inpatient days and semi-private room days to Adults and Pediatrics cost center in conjunction with adjustment number 2. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1									
7	4, Contract 4	D-1	I	XIX	1.00	1	61,122	(121)	61,001 *
	4, Contract 4	D-1	I	XIX	4.00	1	61,122	(121)	61,001 *
	4A, Contract 4A	D-1	II	XIX	42.00	2	3,493	9	3,502
	4A, Contract 4A	D-1	II	XIX	43.00	2	5,877	(14)	5,863
	4A, Contract 4A	D-1	II	XIX	44.01	2	3,878	(10)	3,868
	4-2	D-1	I	XIX	1.00	3	0	(19)	(19) *
	4-2	D-1	I	XIX	4.00	3	0	(19)	(19) *
	DPNF 1	S-3	I		15.00	6	2,802	206	3,008
Adults and Pediatrics (Inpatient Days) - Total Adults and Pediatrics (Semi-Private Room Days) - Total Nursery - Total Intensive Care Unit - Total Neonatal Intensive Care - Total Subprovider II (Inpatient Days) - Total Subprovider II (Semi-Private Room Days) - Total Skilled Nursing Facility - Total To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304									

Provider Name		Fiscal Period				Provider Number		Adjustments	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.			
ADJUSTMENTS TO REPORTED PATIENT DAYS									
8	4-2	D-1	I	XIX	1.00	3			
	4-2	D-1	I	XIX	4.00	3		(19)	0
	4, Contract 4	D-1	I	XIX	1.00	1		(19)	0
	4, Contract 4	D-1	I	XIX	4.00	1		(19)	60,982 *
Subprovider II (Inpatient Days) - Total * Subprovider II (Semi-Private Room Days) - Total * Adults and Pediatrics (Inpatient Days) - Total * Adults and Pediatrics (Semi-Private Room Days) - Total * To reclassify the adjustment of Subprovider II (Psychiatric) inpatient days and semi-private room days to Adults and Pediatrics cost center in conjunction with adjustment number 2. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1									
9	4, Contract 4	D-1	I	XIX	1.00	1			
	4, Contract 4	D-1	I	XIX	4.00	1		484	61,466
Adults and Pediatrics (Inpatient Days) - Total * Adults and Pediatrics (Semi-Private Room Days) - Total * To include observation bed patient days to Adults and Pediatrics cost center. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2300 CMS Pub. 15-2, Sections 2806.2 and 3622.1									

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments				
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC 30058G		26				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
ADJUSTMENTS TO REPORTED TOTAL CHARGES										
10	4, Contract 4	D-1	I	XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Service Charges)	\$69,597,745	\$5,920,814	\$75,518,559 *
	4, Contract 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges)	69,597,745	5,920,814	75,518,559 *
	4-1	D-1	I	XIX	28.00	2	Subprovider I (General Inpatient Routine Service Charges)	5,920,814	(5,920,814)	0 *
	4-1	D-1	I	XIX	30.00	2	Subprovider I (Semi-Private Room Charges)	5,920,814	(5,920,814)	0 *
To reclassify Subprovider I (Rehabilitation) charges to Adults and Pediatrics since the unit does not qualify as a separate level of care.										
42 CFR 413.20 and 413.50										
CMS Pub. 15-1, Sections 2300 and 2336.1										
11	4, Contract 4	D-1	I	XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Service Charges)	\$75,518,559	\$18,735,671	\$94,254,230 *
	4, Contract 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges)	75,518,559	18,735,671	94,254,230 *
	4-2	D-1	I	XIX	28.00	3	Subprovider II (General Inpatient Routine Service Charges)	18,735,671	(18,735,671)	0 *
	4-2	D-1	I	XIX	30.00	3	Subprovider II (Semi-Private Room Charges)	18,735,671	(18,735,671)	0 *
To reclassify Subprovider II (Psychiatric) charges to Adults and Pediatrics since the unit does not qualify as a separate level of care.										
42 CFR 413.20 and 413.50										
CMS Pub. 15-1, Sections 2300 and 2336.1										
12	4, Contract 4	D-1	I	XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Service Charges)	\$94,254,230	\$83,317,679	\$177,571,909 *
	4, Contract 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges)	94,254,230	83,317,679	177,571,909 *
	4-1	D-1	I	XIX	28.00	2	Subprovider I (General Inpatient Routine Service Charges)	0	713,636	713,636 *
	4-1	D-1	I	XIX	30.00	2	Subprovider I (Semi-Private Room Charges)	0	713,636	713,636 *
	4-2	D-1	I	XIX	28.00	3	Subprovider II (General Inpatient Routine Service Charges)	0	2,329,424	2,329,424 *
	4-2	D-1	I	XIX	30.00	3	Subprovider II (Semi-Private Room Charges)	0	2,329,424	2,329,424 *
To adjust total charges to agree with the provider's trial balance.										
42 CFR 413.20, 413.24, and 413.50										
CMS Pub. 15-1, Sections 2204, 2206, 2206.1, 2300, and 2304										

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
ADJUSTMENTS TO REPORTED TOTAL CHARGES									
13	4, Contract 4	D-1	I	XIX	28.00	1	* \$177,571,909	\$3,043,060	\$180,614,969
	4, Contract 4	D-1	I	XIX	30.00	1	* 177,571,909	3,043,060	180,614,969
	4-1	D-1	I	XIX	28.00	2	* 713,636	(713,636)	0
	4-1	D-1	I	XIX	30.00	2	* 713,636	(713,636)	0
	4-2	D-1	I	XIX	28.00	3	* 2,329,424	(2,329,424)	0
	4-2	D-1	I	XIX	30.00	3	* 2,329,424	(2,329,424)	0
Adults and Pediatrics (General Inpatient Routine Service Charges) Adults and Pediatrics (Semi-Private Room Charges) Subprovider I (General Inpatient Routine Service Charges) Subprovider I (Semi-Private Room Charges) Subprovider II (General Inpatient Routine Service Charges) Subprovider II (Semi-Private Room Charges) To reclassify Subprovider I (Rehabilitation) and Subprovider II (Psychiatric) total charges adjustment to Adults and Pediatrics. The units do not qualify as separate levels of care. 42 CFR 413.20, 413.24, 413.50 and 413.53(b) CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2336									
14	DPNF 4	Not Reported					\$0	\$32,405	\$32,405
	DPNF 4	Not Reported					0	37,380	37,380
	DPNF 4	Not Reported					0	69,785	69,785
Total DPNF Ancillary Charges - Respiratory Therapy Total DPNF Ancillary Charges - Medical Supplies Charged to Patients Total DPNF Ancillary Charges To incorporate ancillary charges that are included in the per diem rate for the Distinct Part Nursing Facility unit. CCR, Title 22, Sections 51511(c) and 51511(d)									

Provider Name		Fiscal Period				Provider Number		Adjustments	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26	
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									
15	4A	Not Reported				0	7		
	4A	Not Reported				\$0	\$238.64		\$238.64
Medi-Cal Administrative Days (July 1, 2007 through June 30, 2008)									
Medi-Cal Administrative Days Rate (July 1, 2007 through June 30, 2008)									
16	4A	Not Reported				0	127		127
	4A	Not Reported				\$0	\$318.19		\$318.19
Medi-Cal Administrative Days (July 1, 2007 through June 30, 2008)									
Medi-Cal Administrative Days Rate (July 1, 2007 through June 30, 2008)									
17	6	Not Reported				\$0	\$4,185		\$4,185
	6	Not Reported				0	57,007		57,007
	6	Not Reported				0	11,254		11,254
	6	Not Reported				0	1,120		1,120
	6	Not Reported				0	1,320		1,320
	6	Not Reported				0	240,656		240,656
	6	Not Reported				0	315,542		315,542
Medi-Cal Ancillary Charges - Radiology - Diagnostic									
Medi-Cal Ancillary Charges - Laboratory									
Medi-Cal Ancillary Charges - Physical Therapy									
Medi-Cal Ancillary Charges - Occupational Therapy									
Medi-Cal Ancillary Charges - Speech Pathology									
Medi-Cal Ancillary Charges - Drugs Charged to Patients									
Medi-Cal Ancillary Charges - Total									
18	2	Not Reported				\$0	\$384,890		\$384,890
	2	Not Reported				0	315,542		315,542
Medi-Cal Routine Service Charges									
Medi-Cal Ancillary Service Charges									
19	3	Not Reported				\$0	\$1,495		\$1,495
	1	Not Reported				0	111,233		111,233
Medi-Cal Coinsurance									
Medi-Cal Interim Payments									

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

EDS Paid Claims Summary:

Report Date: June 8, 2009

Payment Period: July 1, 2007 through June 8, 2009

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

42 CFR 413.20, 413.24, 413.50, 413.53, 413.60,

413.64, and 433.139

CMS Pub. 15-1, Sections 2304, 2404, and 2408

CCR, Title 22, Section 51541

Provider Name		Fiscal Period			Provider Number		Adjustments			
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008			HSC 30058G		26			
Report References		Explanation of Audit Adjustments								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
20	4-1	D-1	I	XIX	9.00	2	12	(12)	0	
<p>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - REHABILITATION</p> <p>Medi-Cal Inpatient Days - Subprovider I To eliminate the reported Medi-Cal Subprovider I (Rehabilitation) Medi-Cal patient days since the unit did not qualify as a separate level of care in conjunction with adjustment number 1. 42 CFR 413.20, 413.24 and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2336 and 2306</p>										

Provider Name		Fiscal Period			Provider Number		Adjustments			
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008			HSC 30058G		26			
Report References		Explanation of Audit Adjustments								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
21	4-2	D-1	I	XIX	9.00	3	25	(25)	0	
<p>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - PSYCHIATRIC</p> <p>Medi-Cal Inpatient Days - Psychiatric</p> <p>To eliminate the reported Psychiatric Medi-Cal patient days since the psychiatric unit did not qualify as a separate level of care in conjunction with adjustment number 2.</p> <p>42 CFR 413.20 and 413.50</p> <p>CMS Pub. 15-1, Sections 2300 and 2336.1</p>										

Provider Name		Fiscal Period				Provider Number		Adjustments		
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26		
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
22	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	13,278	(1,887)	11,391
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	1,593	(15)	1,578
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,592	129	1,721
	Contract 4A	D-1	II	XIX	44.01	4	Medi-Cal Days - Neonatal Intensive Care Unit	2,376	74	2,450
23	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$7,904,284	\$2,164,107	\$10,068,391
	Contract 6	D-4		XIX	38.00	2	Medi-Cal Ancillary Charges - Recovery Room	1,744,496	(867,990)	876,506
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	4,833,665	(1,897,859)	2,935,806
	Contract 6	D-4		XIX	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	1,193,420	135,630	1,329,050
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	13,258,927	1,535,014	14,793,941
	Contract 6	D-4		XIX	42.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	67,002	(29,998)	37,004
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	2,220,220	(829,956)	1,390,264
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	14,690,395	3,873,819	18,564,214
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	7,339,451	716,588	8,056,039
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	725,108	(97,798)	627,310
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	199,717	(35,977)	163,740
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	218,417	(42,915)	175,502
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	4,262,161	(3,092,906)	1,169,255
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	183,541	(67,198)	116,343
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	13,079,015	(390,087)	12,688,928
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	36,669,974	(449,480)	36,220,494
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	2,289,121	(101,592)	2,187,529
	Contract 6	D-4		XIX	58.00	2	Medi-Cal Ancillary Charges - ASC (Non-Distinct Part)	17,401	(17,401)	0
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Lab - Pathological	271,872	(23,482)	248,390
	Contract 6	D-4		XIX	59.01	2	Medi-Cal Ancillary Charges - Cardiopulmonary	4,660,512	(4,227,296)	433,216
	Contract 6	D-4		XIX	59.02	2	Medi-Cal Ancillary Charges - Cardiac Fitness	49,208	(49,208)	0
	Contract 6	D-4		XIX	59.03	2	Medi-Cal Ancillary Charges - Electromyography	116,581	(116,277)	304
	Contract 6	D-4		XIX	59.04	2	Medi-Cal Ancillary Charges - Gastrointestinal Service	1,241,486	(323,340)	918,146
	Contract 6	D-4		XIX	59.06	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	1,676,357	(337,623)	1,338,734
	Contract 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	3,394,299	(183,047)	3,211,252
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	122,306,630	(4,756,272)	117,550,358

- Continued on next page -

Provider Name		Fiscal Period				Provider Number		Adjustments		
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26		
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line					Col.
- Continued from previous page -										
24	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$0	\$73,565,436	\$73,565,436
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Services Charges	122,306,630	(4,756,272)	117,550,358
25	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$33,886	\$33,886
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	0	1,066,351	1,066,351
<p style="text-align: center;">ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</p> <p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: June 30, 2009 Payment Period: July 1, 2007 through June 30, 2009 Service Period: July 1, 2007 through June 30, 2008 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>										

Provider Name		Fiscal Period				Provider Number		Adjustments	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008				HSC 30058G		26	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
		Explanation of Audit Adjustments ADJUSTMENT TO OTHER MATTERS							
26	Contract1	Not Reported				\$0	\$12,276	\$12,276	
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									