

**REPORT
ON THE
COST REPORT REVIEW**

**HUNTINGTON BEACH HOSPITAL
HUNTINGTON BEACH, CALIFORNIA
PROVIDER NUMBER: ZZT 30526H
NATIONAL PROVIDER IDENTIFIER: 1083622120**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Stan Van Arsdale
Auditor: Nahid Nastar**



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



EDMUND G. BROWN JR.
GOVERNOR

Date: March 2, 2011

Alan Smith
Chief Financial Officer
West Anaheim Medical Center
3033 West Orange Avenue
Anaheim, CA 90638

NOTICE OF MEDI-CAL FIELD AUDIT
PROVIDER: HUNTINGTON BEACH HOSPITAL
PROVIDER NO. ZZT30526H
FISCAL PERIOD ENDED DECEMBER 31, 2008

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, 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 settlement for the fiscal period due the provider in the amount of \$32,396 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

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

Alan Smith
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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 95814-2878
(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—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

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

Certified

SUMMARY OF FINDINGS

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
1.	Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT30526H Reported Amount Due Provider (State)	\$ 810,457	.
	Net Change	\$ (778,062)	.
	Audited Amount Due Provider (State)	\$ 32,396	.
2.	Subprovider - Psychiatric (SCHEDULE 1-1) Provider No. HSM 30526H Reported Amount Due Provider (State)	\$ (334,687)	.
	Net Change	\$ 334,687	.
	Audited Amount Due Provider (State)	\$ 0	.
3.	Subprovider II (SCHEDULE 1-2) Provider No. Reported	\$ 0	.
	Net Change	\$ 0	.
	Audited Amount Due Provider (State)	\$ 0	.
4.	Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No. Reported	.	\$ 0
	Net Change	.	\$ 0
	Audited Cost	.	\$ 0
	Audited Amount Due Provider (State)	\$ 0	.
5.	Distinct Part Nursing Facility (DPNF SCH 1) Provider No. Reported	.	\$ 0.00
	Net Change	.	\$ 0.00
	Audited Cost Per Day	.	\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	.
6.	Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No. Reported	.	\$ 0.00
	Net Change	.	\$ 0.00
	Audited Cost Per Day	.	\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	.
7.	Adult Subacute (ADULT SUBACUTE SCH 1) Provider No. Reported	.	\$ 0.00
	Net Change	.	\$ 0.00
	Audited Cost Per Day	.	\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	.
8.	Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ 32,396	.
9.	Total Medi-Cal Cost	.	\$ 0

SUMMARY OF FINDINGS

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ 32,396	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZT30526H

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 1,466,064	\$ 909,736
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.	\$ 0	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 1,466,064	\$ 909,736
6. Interim Payments (Adj 14)	\$ (655,607)	\$ (753,929)
7. Balance Due Provider (State)	\$ 810,457	\$ 155,807
8. Medi-Cal Credit Balances (Adj 15)	\$ 0	\$ (10,977)
9. Total Noncontract AB5 and AB 1183 Reductions (Adj 2) (Schedule A)	\$ 0	\$ (112,434)
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 810,457	\$ 32,396
	(To Summary of Findings)	

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

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
December 31, 2008

Provider No.
ZZT30526H

1.	10% Reduction for Noncontract Services from 07/01/08 - 09/30/08 (AB 5 Schedule A-1)	\$	<u>24,041</u>
2.	Reduction for Noncontract Services from 10/01/08 - 04/05/09 (AB 1183 Schedule A-2)		<u>88,393</u>
3.	10% Reduction for Noncontract Services from 04/06/09 - MM/DD/YY (AB 5 Schedule A-3)		<u>#REF!</u>
4.	10% Reduction for HFPAs from 07/01/08 - MM/DD/YY (AB 5 Schedule A-4)		<u>#REF!</u>
5.	10% Reduction for Rural Health Hospitals from 07/01/08 - 10/31/08 (AB 5 Schedule A-5)		<u>#REF!</u>
6.	Total Noncontract AB 5 and AB 1183 Reductions	\$	<u><u>#REF!</u></u> (To Schedule 1, Ln 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
NONCONTRACT HOSPITALS

AB 5

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

Provider Name:
HUNTINGTON BEACH HOSPITALFiscal Period Ended:
December 31, 2008Provider No.
ZZT30526H**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$	<u>930,187</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)		<u>0</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$	<u><u>930,187</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)		<u><u>414</u></u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$	<u><u>2,246.83</u></u>

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

6. Audited Medi-Cal Days of Service from 07/1/08 - 09/30/08 (excludes Administrative Days)		<u>107</u>
7. Audited Medi-Cal Cost Per Day for 07/01/08 - 09/30/08 (Line 5 X Line 6)	\$	<u>240,411</u>
8. 10% Cost Reduction for 07/01/08 - 09/30/08 (Line 7 X 10%)	\$	<u><u>24,041</u></u> (To Schedule A, Ln 1)

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

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
December 31, 2008

Provider No.
ZZT30526H

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>930,187</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$ <u><u>930,187</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)	<u><u>414</u></u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$ <u><u>2,246.83</u></u>

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

6. Audited Medi-Cal Days of Service from 10/01/08 - 04/05/09 (excludes Administrative Days)	<u>86</u>
7. Audited Medi-Cal Cost for 10/01/08 - 04/05/09 (Line 5 X Line 6)	\$ <u><u>193,227</u></u>
8. Audited Medi-Cal Cost for 10/01/08 - 04/05/09 with 10% Reduction (Line 7 X 90%)	\$ <u><u>173,905</u></u>

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

9. Regional Average Per Diem Contract Rate Reduced to 95%	\$ <u>1,219</u>
10. Audited Medi-Cal Days of Service from 10/01/08 - 04/05/09 (excludes Administrative Days)	<u>86</u>
11. Audited Medi-Cal Cost Using the Regional Avg per Diem Contract Rate at 95% (Ln 9 X Ln 10)	\$ <u><u>104,834</u></u>

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

12. If Line 8 is less than Line 11, then the reduction is Line 7 X 10%	\$ <u><u>0</u></u> (To Schedule A, Ln 2)
13. If Line 11 is less than Line 8, then the reduction is Line 7 less Line 11	\$ <u><u>88,393</u></u> (To Schedule A, Ln 2)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
HUNTINGTON BEACH HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT30526H

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ <u>1,486,515</u>	\$ <u>930,187</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 13)	\$ <u>855,940</u>	\$ <u>1,039,372</u>
3. Inpatient Ancillary Service Charges (Adj 13)	\$ <u>2,465,050</u>	\$ <u>2,754,044</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>3,320,990</u>	\$ <u>3,793,416</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>1,834,475</u>	\$ <u>2,863,229</u>
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 SERVICESProvider Name:
HUNTINGTON BEACH HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT30526H

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 384,471	\$ 478,839
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 1,102,044	\$ 451,348
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)	\$ 1,486,515	\$ 930,187
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 1,486,515	\$ 930,187
	(To Schedule 2)	
9. Coinsurance (Adj)	\$ (19,700)	\$ (19,700)
10. Patient and Third Party Liability (Adj)	\$ (751)	\$ (751)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 1,466,064	\$ 909,736
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
HUNTINGTON BEACH HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT30526H

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 9)	11,812	14,505
2. Inpatient Days (include private, exclude swing-bed)	11,812	14,505
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	11,812	14,505
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 11)	973	303

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)	\$ 11,413,403	\$ 12,317,165
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)	\$ 11,413,403	\$ 12,317,165

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 43,004,400	\$ 43,004,400
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 43,004,400	\$ 43,004,400
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.265401	\$ 0.286416
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 3,640.74	\$ 2,964.80
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)	\$ 11,413,403	\$ 12,317,165

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 966.25	\$ 849.17
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 940,161	\$ 257,299
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 161,883	\$ 194,049
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,102,044	\$ 451,348

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
HUNTINGTON BEACH HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT30526H

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,312,116	\$ 4,237,618
7. Total Inpatient Days (Adj)	2,424	2,424
8. Average Per Diem Cost	\$ 1,778.93	\$ 1,748.19
9. Medi-Cal Inpatient Days (Adj 11)	91	111
10. Cost Applicable to Medi-Cal	\$ 161,883	\$ 194,049
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 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)	\$ 161,883	\$ 194,049

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZT30526H

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj 11)	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)

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES

	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
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ANCILLARY COST CENTERS

37.00 Operating Room	1,024,569	0	0	160,249	51,465	0	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	730,628	0	0	155,401	49,908	0	0	0	0	0	0	0
41.01 Cat Scan	601,616	0	0	31,590	10,145	0	0	0	0	0	0	0
41.02 Ultra Sound	193,582	0	0	15,281	4,908	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	207,595	0	0	10,804	3,470	0	0	0	0	0	0	0
44.00 Laboratory	1,324,427	0	0	58,558	18,806	0	0	0	0	0	0	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	3,184	1,022	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	939,484	0	0	26,455	8,496	0	0	0	0	0	0	0
50.00 Physical Therapy	186,966	0	0	49,418	15,871	0	0	0	0	0	0	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	8,402	0	0	1,684	541	0	0	0	0	0	0	0
53.00 Electrocardiography	309,821	0	0	4,026	1,293	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	2,168,067	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	1,345,335	0	0	5,196	1,669	0	0	0	0	0	0	0
57.00 Renal Dialysis	231,177	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 PHP	943,664	0	0	101,670	32,652	0	0	0	0	0	0	0
59.01 Other Ancillary Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0
59.02 Wound Care/Hyperbaric	249,158	0	0	29,782	9,565	0	0	0	0	0	0	0
59.03 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	2,623,798	0	0	142,359	45,719	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0

NONREIMBURSABLE COST CENTERS

96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	8,298	2,665	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	2,054	660	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01 CHE	3,583	0	0	9,017	2,896	0	0	0	0	0	0	0
100.02 Bariatric P.R./Public Relations	135,659	0	0	2,198	706	0	0	0	0	0	0	0
100.03 Non Reimbursable Meal	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	107,010	34,367	0	0	0	0	0	0	0

TOTAL	46,619,447	0	0	2,356,531	756,814	0	0	0	0	0	0	0
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STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name: HUNTINGTON BEACH HOSPITAL
 Fiscal Period Ended: DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures												
2.00 Old Cap Rel Costs-Movable Equipmer												
3.00 New Cap Rel Costs-Bldg & Fixtures												
4.00 New Cap Rel Costs-Movable Equipme												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00 Employee Benefits	0	0										
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	0	498,038									11,417,425	0
7.00 Maintenance and Repairs	0	0									0	0
8.00 Operation of Plant	0	86,107									2,895,137	939,009
9.00 Laundry and Linen Service	0	0									221,111	71,715
10.00 Housekeeping	0	88,674									627,285	203,454
11.00 Dietary	0	131,254									1,412,724	458,203
12.00 Cafeteria	0	0									81,136	26,316
13.00 Maintenance of Personnel	0	0									0	0
14.00 Nursing Administration	0	203,949									1,372,065	445,015
15.00 Central Services & Supply	0	44,180									478,628	155,238
16.00 Pharmacy	0	157,282									1,073,167	348,071
17.00 Medical Records and Library	0	84,619									863,326	280,011
18.00 Social Service	0	0									0	0
19.00	0	0									0	0
19.02	0	0									0	0
19.03	0	0									0	0
20.00	0	0									0	0
21.00 Nursing School	0	0									0	0
22.00 Intern & Res Service-Salary & Fringes	0	0									0	0
23.00 Intern & Res Other Program	0	0									0	0
24.00 Paramedical Ed Program	0	0									0	0
INPATIENT ROUTINE COST CENTE												
25.00 Adults & Pediatrics (Gen Routine)	0	885,846									6,173,722	2,002,385
26.00 Intensive Care Unit	0	362,087									2,561,897	830,926
27.00 Coronary Care Unit	0	0									0	0
28.00 Neonatal Intensive Care Unit	0	0									0	0
29.00 Surgical Intensive Care	0	0									0	0
30.00 Subprovider I	0	0									0	0
31.00 Subprovider II	0	208,126									303,589	98,466
32.00	0	0									0	0
33.00 Nursery	0	0									0	0
34.00 Medicare Certified Nursing Facility	0	0									0	0
35.00 Distinct Part Nursing Facility	0	0									0	0
36.00 Adult Subacute Care Unit	0	0									0	0
36.01 Subacute Care Unit II	0	0									0	0
36.02 Transitional Care Unit	0	0									1,124,924	364,858

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	199,441	0	0	0	0	0	0	0	0	1,435,723	465,663
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	90,760	0	0	0	0	0	0	0	0	1,026,698	332,999
41.01 Cat Scan	0	87,606	0	0	0	0	0	0	0	0	730,957	237,079
41.02 Ultra Sound	0	38,022	0	0	0	0	0	0	0	0	251,793	81,667
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	22,485	0	0	0	0	0	0	0	0	244,354	79,254
44.00 Laboratory	0	210,629	0	0	0	0	0	0	0	0	1,612,420	522,972
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	4,206	1,364
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	167,800	0	0	0	0	0	0	0	0	1,142,235	370,472
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	252,255	81,816
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	10,627	3,447
53.00 Electrocardiography	0	46,991	0	0	0	0	0	0	0	0	362,131	117,454
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,168,067	703,191
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,352,200	438,573
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	231,177	74,980
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 PHP	0	137,217	0	0	0	0	0	0	0	0	1,215,203	394,139
59.01 Other Ancillary Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0
59.02 Wound Care/Hyperbaric	0	46,366	0	0	0	0	0	0	0	0	334,871	108,612
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	500,918	0	0	0	0	0	0	0	0	3,312,795	1,074,472
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	10,963	3,556
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	2,714	880
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01 CHE	0	0	0	0	0	0	0	0	0	0	15,496	5,026
100.02 Bariatric P.R./Public Relations	0	16,488	0	0	0	0	0	0	0	0	155,050	50,289
100.03 Non Reimbursable Meal	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	141,378	45,854
TOTAL	0	4,314,884	0	0	0	0	0	0	0	0	46,619,447	11,417,425

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES

ANCILLARY COST CENTERS

	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
37.00 Operating Room	0	330,432	14,423	75,613	0	11,512	0	92,995	0	0	52,872	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	320,437	21,459	73,326	0	6,999	0	22	0	0	41,473	0
41.01 Cat Scan	0	65,138	0	14,906	0	6,055	0	142	0	0	102,832	0
41.02 Ultra Sound	0	31,510	0	7,211	0	2,130	0	0	0	0	13,964	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	22,277	0	5,098	0	967	0	89	0	0	8,629	0
44.00 Laboratory	0	120,746	17	27,631	0	16,474	0	22,802	0	0	160,054	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	6,565	0	1,502	0	0	0	0	0	0	6,369	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	54,550	11	12,483	0	11,903	0	5,984	0	0	87,316	0
50.00 Physical Therapy	0	101,899	0	23,318	0	1,381	0	18,599	0	0	7,868	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	3,473	0	795	0	115	0	1,610	0	0	703	0
53.00 Electrocardiology	0	8,301	0	1,900	0	3,396	0	8,368	0	0	30,997	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	10,715	0	2,452	0	0	0	0	712,302	1,486,684	34,144	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	183,627	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	5,407	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 PHP	0	209,643	148	47,973	520,365	10,200	0	37,198	0	0	57,748	0
59.01 Other Ancillary Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0
59.02 Wound Care/Hyperbaric	0	61,411	7,001	14,053	0	4,801	0	49,404	0	0	33,811	0
59.03 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	293,543	90,199	67,172	25,845	34,674	0	435,505	0	0	145,840	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	17,110	0	3,915	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	4,235	0	969	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01 CHE	0	18,593	0	4,255	0	0	0	0	0	0	0	0
100.02 Bariatric P.R./Public Relations	0	4,532	0	1,037	0	1,289	0	0	0	0	0	0
100.03 Non Reimbursable Meal	0	0	0	1,037	0	0	0	0	0	0	0	0
100.04	0	220,655	0	50,493	0	0	0	0	0	0	0	0
TOTAL	0	3,834,146	334,924	860,851	2,105,748	263,063	0	1,988,093	712,302	1,486,684	1,249,350	0

Provider Name: HUNTINGTON BEACH HOSPITAL
 Fiscal Period Ended: DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT (Adj 1) 26.00	TOTAL COST 27.00
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
2.00 Old Cap Rel Costs-Movable Equipmer											
3.00 New Cap Rel Costs-Bldg & Fixtures											
4.00 New Cap Rel Costs-Movable Equipme											
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00 Employee Benefits											
6.01 Non-Patient Telephones											
6.02 Data Processing											
6.03 Purchasing/Receiving											
6.04 Patient Admitting											
6.05 Patient Business Office											
6.06											
6.07											
6.08											
7.00 Administrative and General											
8.00 Maintenance and Repairs											
9.00 Operation of Plant											
10.00 Laundry and Linen Service											
11.00 Housekeeping											
11.00 Dietary											
12.00 Cafeteria											
13.00 Maintenance of Personnel											
14.00 Nursing Administration											
15.00 Central Services & Supply											
16.00 Pharmacy											
17.00 Medical Records and Library											
18.00 Social Service											
19.00	0										
19.02	0										
19.03	0	0	0								
20.00	0	0	0								
21.00 Nursing School	0	0	0	0							
22.00 Intern & Res Service-Salary & Fringes	0	0	0	0	0						
23.00 Intern & Res Other Program	0	0	0	0	0						
24.00 Paramedical Ed Program	0	0	0	0	0		0				
INPATIENT ROUTINE COST CENTE											
25.00 Adults & Pediatrics (Gen Routine)	0	0	0	0	0	0	0	0	11,203,875	1,113,290	12,317,165
26.00 Intensive Care Unit	0	0	0	0	0	0	0	0	4,237,618		4,237,618
27.00 Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0
28.00 Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0
29.00 Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0
30.00 Subprovider I	0	0	0	0	0	0	0	0	1,113,290	(1,113,290)	(0)
31.00 Subprovider II	0	0	0	0	0	0	0	0	0	0	0
32.00	0	0	0	0	0	0	0	0	0	0	0
33.00 Nursery	0	0	0	0	0	0	0	0	0	0	0
34.00 Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0	0	0
35.00 Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0
36.00 Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0
36.01 Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0
36.02 Transitional Care Unit	0	0	0	0	0	0	0	0	1,489,762		1,489,762

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL	STEP-DOWN ADJUSTMENT (Adj 1) 26.00	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	2,479,234	0	2,479,234
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	1,823,414	0	1,823,414
41.01 Cat Scan	0	0	0	0	0	0	0	0	1,157,108	0	1,157,108
41.02 Ultra Sound	0	0	0	0	0	0	0	0	388,274	0	388,274
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	360,668	0	360,668
44.00 Laboratory	0	0	0	0	0	0	0	0	2,483,115	0	2,483,115
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	20,006	0	20,006
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	1,684,953	0	1,684,953
50.00 Physical Therapy	0	0	0	0	0	0	0	0	487,137	0	487,137
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	20,769	0	20,769
53.00 Electrocardiology	0	0	0	0	0	0	0	0	532,547	0	532,547
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	3,617,705	0	3,617,705
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,474,251	0	3,474,251
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	311,564	0	311,564
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00 PHP	0	0	0	0	0	0	0	0	2,492,617	0	2,492,617
59.01 Other Ancillary Cost Centers	0	0	0	0	0	0	0	0	0	0	0
59.02 Wound Care/Hyperbaric	0	0	0	0	0	0	0	0	613,962	0	613,962
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	5,480,045	0	5,480,045
71.00	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	35,544	0	35,544
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	8,798	0	8,798
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0
100.01 CHE	0	0	0	0	0	0	0	0	43,369	0	43,369
100.02 Bariatric P.R./Public Relations	0	0	0	0	0	0	0	0	212,197	0	212,197
100.03 Non Reimbursable Meal	0	0	0	0	0	0	0	0	389,227	0	389,227
100.04	0	0	0	0	0	0	0	0	458,380	0	458,380
TOTAL	0	0	0	0	0	0	0	0	46,619,447	0	46,619,447

STATE OF CALIFORNIA

Provider Name:
HUNTINGTON BEACH HOSPITAL

SCHEDULE 9
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STATISTICS FOR COST ALLOCATION (WS B-1)
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STATISTICS FOR COST ALLOCATION (WS B-1)
STATISTICS FOR COST ALLOCATION (WS B-1)

GENERAL SERVICE COST CENTERS

1.00 Old Cap Rel Costs-Bldg & Fixtures
2.00 Old Cap Rel Costs-Movable Equipment
3.00 New Cap Rel Costs-Bldg & Fixtures
4.00 New Cap Rel Costs-Movable Equipment
4.01
4.02
4.03
4.04
4.05
4.06
4.07
4.08

5.00 Employee Benefits
6.01 Non-Patient Telephones
6.02 Data Processing
6.03 Purchasing/Receiving
6.04 Patient Admitting
6.05 Patient Business Office
6.06
6.07
6.08

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

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

INPATIENT ROUTINE COST CENTERS

25.00 Adults & Pediatrics (Gen Routine)
26.00 Intensive Care Unit
27.00 Coronary Care Unit
28.00 Neonatal Intensive Care Unit
29.00 Surgical Intensive Care
30.00 Subprovider I
31.00 Subprovider II
32.00

33.00 Nursery
34.00 Medicare Certified Nursing Facility
35.00 Distinct Part Nursing Facility
36.00 Adult Subacute Care Unit
36.01 Subacute Care Unit II
36.02 Transitional Care Unit

531 531

18,383 18,383
5,288 5,288
994 994
711 711
4,512 4,512
2,990 2,990
3,009 3,009
1,363 1,363
1,081 1,081
1,843 1,843

18,581 18,581
6,930 6,930

3,518 3,518

STATE OF CALIFORNIA

Provider Name:
HUNTINGTON BEACH HOSPITAL

STATISTICS FOR COST ALLOCATION (WS B-1)
 STATISTICS FOR COST ALLOCATION (WS B-1)
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GENERAL SERVICE COST CENTERS

1.00 Old Cap Rel Costs-Bldg & Fixtures
 2.00 Old Cap Rel Costs-Movable Equipment
 3.00 New Cap Rel Costs-Bldg & Fixtures
 4.00 New Cap Rel Costs-Movable Equipment
 4.01
 4.02
 4.03
 4.04
 4.05
 4.06
 4.07
 4.08

5.00 Employee Benefits
 6.01 Non-Patient Telephones
 6.02 Data Processing
 6.03 Purchasing/Receiving
 6.04 Patient Admitting
 6.05 Patient Business Office
 6.06
 6.07
 6.08

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

20.00
 21.00 Nursing School
 22.00 Intern & Res Service-Salary & Fringes
 23.00 Intern & Res Other Program
 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

25.00 Adults & Pediatrics (Gen Routine)
 26.00 Intensive Care Unit
 27.00 Coronary Care Unit
 28.00 Neonatal Intensive Care Unit
 29.00 Surgical Intensive Care
 30.00 Subprovider I
 31.00 Subprovider II
 32.00

33.00 Nursery
 34.00 Medicare Certified Nursing Facility
 35.00 Distinct Part Nursing Facility
 36.00 Adult Subacute Care Unit
 36.01 Subacute Care Unit II
 36.02 Transitional Care Unit

TRIAL BALANCE OF EXPENSES

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	2,881,138	(524,607)	2,356,531
4.00	New Cap Rel Costs-Movable Equipment	734,142	22,672	756,814
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	4,300,475	0	4,300,475
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	10,747,969	(327,419)	10,420,550
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	2,665,536	0	2,665,536
9.00	Laundry and Linen Service	194,138	0	194,138
10.00	Housekeeping	519,318	0	519,318
11.00	Dietary	1,159,033	0	1,159,033
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,086,464	0	1,086,464
15.00	Central Services & Supply	397,462	0	397,462
16.00	Pharmacy	886,551	0	886,551
17.00	Medical Records and Library	728,696	0	728,696
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	4,783,665	0	4,783,665
26.00	Intensive Care Unit	2,011,759	0	2,011,759
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery		0	0
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit	1,124,924	0	1,124,924

TRIAL BALANCE OF EXPENSES

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 1,024,569	\$ 0	\$ 1,024,569
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room		0	0
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	730,628	0	730,628
41.01	Cat Scan	601,616	0	601,616
41.02	Ultra Sound	193,582	0	193,582
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	207,595	0	207,595
44.00	Laboratory	1,324,427	0	1,324,427
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	939,484	0	939,484
50.00	Physical Therapy	186,966	0	186,966
51.00	Occupational Therapy		0	0
52.00	Speech Pathology	8,402	0	8,402
53.00	Electrocardiology	309,821	0	309,821
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	2,168,067	0	2,168,067
56.00	Drugs Charged to Patients	1,345,335	0	1,345,335
57.00	Renal Dialysis	231,177	0	231,177
58.00	ASC (Non-Distinct Part)		0	0
59.00	PHP	943,664	0	943,664
59.01	Other Ancillary Cost Centers		0	0
59.02	Wound Care/Hyperbaric	249,158	0	249,158
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency	2,623,798	0	2,623,798
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 47,309,559	\$ (829,354)	\$ 46,480,205
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00			0	0
100.01	CHE	3,583	0	3,583
100.02	Bariatric P.R./Public Relations	135,659	0	135,659
100.03	Non Reimbursable Meal		0	0
100.04			0	0
100.99	SUBTOTAL	\$ 139,242	\$ 0	\$ 139,242
101	TOTAL	\$ 47,448,801	\$ (829,354)	\$ 46,619,447

(To Schedule 8)

Provider Name:
HUNTINGTON BEACH HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixtures	\$0										
2.00 Old Cap Rel Costs-Movable Equipment	0										
3.00 New Cap Rel Costs-Bldg & Fixtures	(524,607)	(66,112)			(46,218)	(15,790)	(396,487)				
4.00 New Cap Rel Costs-Movable Equipment	22,672	39,687			(17,015)						
4.01	0										
4.02	0										
4.03	0										
4.04	0										
4.05	0										
4.06	0										
4.07	0										
4.08	0										
5.00 Employee Benefits	0										
6.01 Non-Patient Telephones	0										
6.02 Data Processing	0										
6.03 Purchasing/Receiving	0										
6.04 Patient Admitting	0										
6.05 Patient Business Office	0										
6.06	0										
6.07	0										
6.08	0										
6.00 Administrative and General	(327,419)	(179,325)		(30,648)	(117,446)						
7.00 Maintenance and Repairs	0										
8.00 Operation of Plant	0										
9.00 Laundry and Linen Service	0										
10.00 Housekeeping	0										
11.00 Dietary	0										
12.00 Cafeteria	0										
13.00 Maintenance of Personnel	0										
14.00 Nursing Administration	0										
15.00 Central Services & Supply	0										
16.00 Pharmacy	0										
17.00 Medical Records and Library	0										
18.00 Social Service	0										
19.00	0										
19.02	0										
19.03	0										
20.00	0										
21.00 Nursing School	0										
22.00 Intern & Res Service-Salary & Fringes	0										
23.00 Intern & Res Other Program	0										
24.00 Paramedical Ed Program	0										
INPATIENT ROUTINE COST CENTERS											
25.00 Adults & Pediatrics (Gen Routine)	0										
26.00 Intensive Care Unit	0										
27.00 Coronary Care Unit	0										
28.00 Neonatal Intensive Care Unit	0										
29.00 Surgical Intensive Care	0										
30.00 Subprovider I	0										
31.00 Subprovider II	0										
32.00	0										
33.00 Nursery	0										
34.00 Medicare Certified Nursing Facility	0										
35.00 Distinct Part Nursing Facility	0										
36.00 Adult Subacute Care Unit	0										
36.01 Subacute Care Unit I	0										
36.02 Transitional Care Unit	0										

Provider Name		Fiscal Period		Provider Number		Adjustments		
HUNTINGTON BEACH HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT30526G		15		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line Col.			
1				COST REPORT				
<p><u>MEMORANDUM ADJUSTMENTS</u></p> <p>The psychiatric costs and statistics were reported on line 31 Subprovider, of the cost report. The line cost after step-down will t combined with Adults and Pediatrics, line 25. This is done ir accordance with CMS Pub. 15-1, Sections 2336.1, 2336.2 and 2336.;</p> <p>The services provided to Medi-Cal inpatients in Noncontract acut hospitals are subject to various reimbursement limitations identifi in AB 5 and AB 1183. These limitations are addressed on Noncontrac Schedule A and are incorporated on Noncontract Schedule 1, Line This is done in accordance with W&I Code Sections 14105.19 and 14166.24!</p>								
2								

Provider Name		Fiscal Period		Provider Number		Adjustments				
HUNTINGTON BEACH HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT30526G		15				
Report References										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	AS Reported	Increase (Decrease)	AS Adjusted
ADJUSTMENTS TO REPORTED COSTS										
3	10A	A			3.00	7	New Capital Related Costs - Building and Fixture	\$2,881,138	(\$66,112)	\$2,815,026 *
	10A	A			4.00	7	New Capital Related Costs - Movable Equipment To adjust depreciation to agree with the provider's detailed depreciation schedules 42 CFR 413.20, 413.24 and 413.134 CMS Pub. 15-1, Sections 102 and 230.	734,142	39,687	773,829 *
4	10A	A			6.00	7	Administrative and General To eliminate legal expenses not related to patient care 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.;	\$10,747,969	(\$179,325)	\$10,568,644 *
5	10A	A			6.00	7	Administrative and General To eliminate contribution/donation costs not related to patient care 42 CFR 413.5(c)(7), 413.9 and 413.80 CMS Pub. 15-1, Sections 608, 610 and 2102.;	\$10,568,644	(\$30,648)	\$10,537,996 *
6	10A	A			3.00	7	New Capital Related Costs - Building and Fixture	\$2,815,026	(\$46,218)	\$2,768,808 *
	10A	A			4.00	7	New Capital Related Costs - Movable Equipment	773,829	(17,015)	756,814
	10A	A			6.00	7	Administrative and General To adjust reported home office costs to agree with the Prime Healthcare Services, LLC Home Office Audit Report for fiscal period ended December 31, 2008 42 CFR 413.17 / CMS Pub. 15-1, Sections 2150.2 and 230.	10,537,996	(117,446)	10,420,550

*Balance carried forward from prior/to subsequent adjustment

Provider Name		Fiscal Period		Provider Number		Adjustments				
HUNTINGTON BEACH HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT30526G		15				
Adj. No.	Audit Report	Report References			Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title					Line	Col.
ADJUSTMENTS TO REPORTED COSTS										
7	10A	A			3.00	7	New Capital Related Costs - Building and Fixture To eliminate taxes paid to Franchise Tax Board and Medical Properties Trust, Inc not related to patient care 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.;	* \$2,768,808	(\$15,790)	\$2,753,018 *
8	10A	A			3.00	7	New Capital Related Costs - Building and Fixture To adjust building lease subject to sale and lease back provision 42 CFR 413.134 / CMS Pub. 15-1, Sections 104.10, 111	* \$2,753,018	(\$396,487)	\$2,356,531

*Balance carried forward from prior/to subsequent adjustment

Provider Name		Fiscal Period		Provider Number		Adjustments	
HUNTINGTON BEACH HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT30526G		15	
Report References							
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	
COST REPORT							
Explanation of Audit Adjustments							
ADJUSTMENT TO REPORTED PATIENT DAYS							
As Reported							
Increase (Decrease)							
As Adjusted							
9	4	D-1			1.00	1	Adults and Pediatrics - Total
	4-1	D-1			1.00	1	Subprovider - Total
To reclassify total subprovider patient days to Adults and Pediatrics in conjunction with adjustment number 1							
CMS Pub. 15-1, Section 2336.1							
							11,812
							2,693
							2,693
							(2,693)
							14,505
							0

Provider Name		Fiscal Period		Provider Number		Adjustments		
HUNTINGTON BEACH HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT30526G		15		
Report References								
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - SUBPROVIDER								
10	4-1	D-1	I	XIX	9.00	1	74	0
	4-1	D-1	I	XIX	10.00	1	43,004,400	(74.00)
	2-1	E-3	III	XIX	10.00	1	407,435	(43,004,400)
	3-1	E-3	III	XIX	36.00	1	559	(407,435)
	1-1	E-3	III	XIX	57.00	1	406,877	(559)
								(406,877)
To eliminate reported subprovider psychiatric settlement data because the unit did not qualify as a separate level of care CMS Pub. 15-1, Section 2336.1								

Provider Name		Fiscal Period		Provider Number		Adjustments			
HUNTINGTON BEACH HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT30526G		15			
Report References				Explanation of Audit Adjustments					
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.			
				COST REPORT					
				As Reported	Increase (Decrease)	As Adjusted			
ADJUSTMENTS TO REPORTED SETTLEMENT DATA - NONCONTRACT									
11	4 4A	D-1 D-1	XIX XIX	Adults and Pediatrics - Total Intensive Care Unit	9.00 43.00	1 4	973 91	(670) 20	303 111
12	6	D-4	XIX	Medi-Cal Ancillary Charges - Operating Room	37.00	2	\$185,595	(\$37,571)	\$148,024
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Radiology - Diagnostic	41.00	2	104,585	7,066	111,651
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Cat Scan	41.01	2	163,762	9,808	173,570
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Ultrasound	41.02	2	23,589	2,154	25,743
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Nuclear Medicine	43.00	2	15,659	(2)	15,657
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Laboratory	44.00	2	476,334	23,036	499,370
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Blood Storing , Processing and Trans.	47.00	2	10,161	(1)	10,160
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Respiratory Therapy	49.00	2	447,469	48,750	496,219
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Physical Therapy	50.00	2	21,550	3,647	25,197
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Electrocardiology	53.00	2	67,421	(33,056)	34,365
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	55.00	2	22,251	103,869	126,120
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Drugs Charged to Patients	56.00	2	729,801	104,487	834,288
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Renal Analysis	57.00	2	23,790	43,666	67,456
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Emergency	61.00	2	170,644	13,141	183,785
6	6	D-4	XIX	Medi-Cal Ancillary Charges - Total	101.00	2	\$2,465,050	\$288,994	\$2,754,044
13	2 2	E-3 E-3	XIX XIX	Medi-Cal Routine Service Charges Medi-Cal Ancillary Service Charges	10.00 11.00	1 1	\$855,940 2,465,050	\$183,432 288,994	\$1,039,372 2,754,044
14	1	E-3	XIX	Medi-Cal Interim Payments	57.00	1	\$655,607	\$98,322	\$753,929

To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:
 Report Date: October 6, 2010
 Payment Period: January 1, 2008 Through August 31, 2010
 Service Period: January 1, 2008 Through December 31, 2008
 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64
 CMS Pub. 15-1, Sections 2304 and 2408.3

Provider Name		Fiscal Period		Provider Number		Adjustments	
HUNTINGTON BEACH HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT30526G		15	
Report References							
Adj. No.	Audit Report	Work Sheet	COST REPORT	As Reported	Increase (Decrease)	As Adjusted	
			Part Title Line Col.				
15	1	N/A		\$0	\$10,977	\$10,977	
Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. CCR, Title 22, Sections 50761 and 51458.1 ADJUSTMENT TO OTHER MATTERS							