

**REPORT  
ON THE AUDIT  
MEDI-CAL DEVELOPMENT WORKSHEETS**

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

**FISCAL PERIOD ENDED  
SEPTEMBER 30, 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: Andre Shammass**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR  
GOVERNOR

Date: September 15, 2011

Robert Schirripa  
Administrative Director of Finance  
Community Hospital of Long Beach  
1720 Termino Avenue  
Long Beach, CA 90804

PROVIDER: COMMUNITY HOSPITAL OF LONG BEACH  
PROVIDER NO. HSP30004F  
NATIONAL PROVIDER IDENTIFIER 1811951924  
FISCAL PERIOD ENDED SEPTEMBER 30, 2008

We have examined the Rate Development Branch Schedules for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code. The data for the schedules was obtained from provider records during a limited review.

In our opinion, the audited data presented in the Rate Development Branch Schedules represents a proper determination of audited cost, patient days, and direct labor cost in accordance with applicable programs.

This audit report includes the:

1. Rate Development Branch Schedules
2. Audit Adjustments Schedule

The results of this examination may be used to determine the Medi-Cal Peer Grouping Inpatient Reimbursement Limitation (PIRL) rate calculations. This will be determined by the Department's Rate Development Branch pursuant to California Code of Regulations (CCR), Title 22, Sections 51545 through 51556. These regulations may be viewed at [www.oal.ca.gov](http://www.oal.ca.gov).

Robert Schirripa  
Page 2

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

Chief  
Office of Administrative Appeals and Hearings  
1029 J Street, Suite 200  
Sacramento, CA 95814  
(916) 355-5603

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) 440-7745

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

**RATE DEVELOPMENT WORKSHEETS**

**PROVIDER:** COMMUNITY HOSPITAL OF LONG BEACH  
**PROVIDER NO.** HSP30004F  
**NPI:** 1811951924  
**FISCAL PERIOD:** OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008  
**CONTRACT PERIOD:** N/A

	Noncontract Cost Settlement		Medi-Cal For Contract Services		Medi-Cal Total For Fiscal Period
<u>ACUTE CARE ONLY*</u>					
A. Medi-Cal Net Cost of Covered Services Plus Hospital-Based Physician Costs, Excluding Return on Equity (Adj. 1)	\$ 2,069,410				\$ 2,069,410
B. Deductibles and Coinsurance (Third Party Liability) (Adj. 2)	\$ 64,460				\$ 64,460
C. Medi-Cal Inpatient Days (Adjs. 3 - 4)					
1. Routine (Adults & Pediatrics)		463			463
2. ICU		305			305
3. CCU					
4. Nursery					
5. NICU					
6. Other (Specify)					
a.					
b.					
D. Average Per Diem (Adjs. 5 -6)					
1. Routine (Adults & Pediatrics)				\$	975.42
2. ICU				\$	1,886.67
3. CCU				\$	
4. Nursery				\$	
5. NICU				\$	
6. Other (Specify)				\$	
a.				\$	
b.				\$	
E. Total Hospital Discharges ** (Adj. )		N/A		N/A	3,925
F. Total Medi-Cal Discharges** (Adj. 7)		132			132
G. Total Medi-Cal Inpatient Charges (Adj. 8)	\$ 12,241,148				\$ 12,241,148

\* Do not include data for NF or Administrative Days.

\*\* Do not include newborns that were born in the hospital.

## RATE DEVELOPMENT WORKSHEETS

**PROVIDER:** COMMUNITY HOSPITAL OF LONG BEACH  
**PROVIDER NO.** HSP30004F  
**NPI:** 1811951924  
**FISCAL PERIOD:** OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008  
**CONTRACT PERIOD:** N/A

A. EXPENSE PASS-THROUGH DATA	<u>REFERENCE</u>		
1. Depreciation Expense:	8810 - 8813, and/or .71, .72, .73 and .74	\$	869,521
2. Rent and Lease Expense:	8820, and/or .75 and .76	\$	634,061
3. Interest Expense:	8860, 8870	\$	818,651
4. Property Taxes and License Fees:	8850 and/or .83	\$	159,404
5. Utility Expense:	.77, .78, .79, and .80	\$	963,531
6. Malpractice Insurance Expense:	8830 and/or .81	\$	422,206
 B. GROSS OPERATING EXPENSES	 Sch 10, line 101, col. 3	 \$	 51,367,530
C. STUDENT AND PHYSICIANS COMPENSATION			
1. Salaries and Wages (include benefits)	.07, 8210.09 - 8290.09	\$	
2. Professional Fees	.20	\$	1,582,881
 D. PHARMACY NONLABOR EXPENSES	 8390.37 and 8390.38	 \$	 1,359,636
 E. FOOD SERVICES NONLABOR EXPENSES	 8320, 8330 and 8340 and/or .42 and .43	 \$	 2,667,887
F. DIRECT OPERATING COSTS			
1. Salaries and Wages	.00 - .09, .91, .95	\$	24,819,844
2. Employee Benefits	Sch 10, line 5, col. 3	\$	4,637,079
3. Other Professional Fees	.21 - .29	\$	2,254,243
4. Purchased Services	.61 - .69	\$	7,273,804
5. Supplies	.31 - .36, .93, .97	\$	4,339,951
6. Other Direct Operating Expense	.85 - .90	\$	

**RATE DEVELOPMENT WORKSHEETS**

**PROVIDER:** COMMUNITY HOSPITAL OF LONG BEACH  
**PROVIDER NO.** HSP30004F  
**NPI:** 1811951924  
**FISCAL PERIOD:** OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008  
**CONTRACT PERIOD:** N/A

A. DIRECT PAYROLL COSTS (Totals)	<u>REFERENCE</u>		
1. Management and Supervision			
a. Productive Salaries	.00	\$	3,485,182
b. Productive Hours			72,180.00
2. Technicians and Specialists			
a. Productive Salaries	.01	\$	5,643,250
b. Productive Hours			193,195.00
3. Registered Nurses			
a. Productive Salaries	.02	\$	8,873,702
b. Productive Hours			205,737.00
4. Licensed Vocational Nurses			
a. Productive Salaries	.03	\$	552,796
b. Productive Hours			23,287.00
5. Aides and Orderlies			
a. Productive Salaries	.04	\$	1,590,954
b. Productive Hours			101,607.00
6. Physicians (Salaried)			
a. Productive Salaries	.07	\$	
b. Productive Hours			
7. Nonphysician Medical Practitioners			
a. Productive Salaries	.08	\$	
b. Productive Hours			
8. Environmental and Food Services			
a. Productive Salaries	.06	\$	719,652
b. Productive Hours			62,139.00
9. Clerical and Other Administrative			
a. Productive Salaries	.05	\$	1,931,389
b. Productive Hours			113,928.00
10. Other Salaries and Wages			
a. Productive Salaries	.09	\$	750,191
b. Productive Hours			43,519.00
11. All Nonproductive Salaries and Wages			
a. Nonproductive Salaries	Labor Distribution	\$	2,129,516
b. Nonproductive Hours	Report or Provider W/P		815,592.00
<b>B. SUBTOTALS DIRECT PAYROLL COSTS</b>			
1. Productive Salaries (lines 1a - 10a)		\$	23,547,116
2. Productive Hours (lines 1b - 10b)			<u>815,592.00</u>
<b>C. TOTAL PRODUCTIVE AND NONPRODUCTIVE SALARIES (11a + B1)</b>		<b>\$</b>	<b><u>25,676,632</u></b>
<b>D. TOTAL PRODUCTIVE AND NONPRODUCTIVE HOURS (11b + B2)</b>			<b><u>1,631,184.00</u></b>

