

**REPORT ON THE
COST REPORT REVIEW**

**SHARP MARY BIRCH HOSPITAL FOR WOMEN
SAN DIEGO, CALIFORNIA
PROVIDER NUMBERS: HSC/HSP30011F
NATIONAL PROVIDER IDENTIFIER: 1972586402**

**FISCAL PERIOD ENDED
SEPTEMBER 30, 2008**

**Audits Section—San Diego
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Patricia M. Fox
Audit Supervisor: Sergio Gonzalez
Auditors: Ana R. Macias/Scott C. Riddick**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

July 30, 2010

Administrator
Sharp Mary Birch Hospital for Women
3003 Health Center Drive
San Diego, CA 92123

SHARP MARY BIRCH HOSPITAL FOR WOMEN
PROVIDER NUMBER HSC30011F
NATIONAL PROVIDER IDENTIFIER (NPI) 1972586402
FISCAL PERIOD ENDED SEPTEMBER 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 \$360,071, 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. Audit Adjustments Schedule

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

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

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

United States Postal Service (USPS)

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

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
(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.

Administrator
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If you have questions regarding this report, you may call the Audits Section—San Diego at (619) 688-3200.

Original Signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

Certified

cc: Donna Wells
Manager, Reimbursement and Finance
Sharp HealthCare
8695 Spectrum Center Boulevard
San Diego, CA 92123-1489

Paul Belton
Vice President, Corporate Compliance
Sharp HealthCare
8695 Spectrum Center Boulevard
San Diego, CA 92123-1489

SUMMARY OF FINDINGS

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

| | SETTLEMENT | COST |
|---|--------------|----------------|
| 1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. HSP30011F | | |
| Reported | \$ 0 | |
| Net Change | \$ (18,190) | |
| Audited Amount Due Provider (State) | \$ (18,190) | |
| 2. Subprovider I (SCHEDULE 1-1) Provider No. | | |
| Reported | \$ 0 | |
| Net Change | \$ 0 | |
| Audited Amount Due Provider (State) | \$ 0 | |
| 3. Subprovider II (SCHEDULE 1-2) Provider No. | | |
| Reported | \$ 0 | |
| Net Change | \$ 0 | |
| Audited Amount Due Provider (State) | \$ 0 | |
| 4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No. HSC30011F | | |
| Reported | | \$ 23,746,780 |
| Net Change | | \$ (1,948,958) |
| Audited Cost | | \$ 21,797,822 |
| Audited Amount Due Provider (State) | \$ (341,881) | |
| 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) | \$ (360,071) | |
| 9. Total Medi-Cal Cost | | \$ 21,797,822 |

SUMMARY OF FINDINGS

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 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 - (Lines 10 through 15) | | \$ 0 | |
| 17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16) | | \$ (360,071) | |

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No.
HSP30011F

| | REPORTED | AUDITED |
|---|------------|--------------------------|
| 1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3) | \$ _____ 0 | \$ _____ 128,102 |
| 2. Excess Reasonable Cost Over Charges (Schedule 2) | \$ _____ 0 | \$ _____ 0 |
| 3. Medi-Cal Inpatient Hospital Based Physician Services | \$ _____ 0 | \$ _____ N/A |
| 4. | \$ _____ 0 | \$ _____ 0 |
| 5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4) | \$ _____ 0 | \$ _____ 128,102 |
| 6. Interim Payments (Adj 20) | \$ _____ 0 | \$ _____ (146,292) |
| 7. Balance Due Provider (State) | \$ _____ 0 | \$ _____ (18,190) |
| 8. Duplicate Payments (Adj) | \$ _____ 0 | \$ _____ 0 |
| 9. | \$ _____ 0 | \$ _____ 0 |
| 10. | \$ _____ 0 | \$ _____ 0 |
| 11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State) | \$ _____ 0 | \$ _____ (18,190) |
| | | (To Summary of Findings) |

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMENFiscal Period Ended:
SEPTEMBER 30, 2008Provider No.
HSP30011F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 128,102

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 19) \$ 0 \$ 1,384,5873. Inpatient Ancillary Service Charges (Adj 19) \$ 0 \$ 101,1114. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 1,485,6985. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 1,357,5966. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No.
HSP30011F

| | REPORTED | AUDITED |
|---|----------------------------|--------------------------|
| 1. Medi-Cal Inpatient Ancillary Services (Schedule 5) | \$ <u>0</u> | \$ <u>13,446</u> |
| 2. Medi-Cal Inpatient Routine Services (Schedule 4) | \$ <u>0</u> | \$ <u>114,656</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>0</u> | \$ <u>128,102</u> |
| 7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7) | \$ <u>(See Schedule 1)</u> | \$ <u>0</u> |
| 8. SUBTOTAL | \$ <u>0</u> | \$ <u>128,102</u> |
| | | (To Schedule 2) |
| 9. Deductibles (Adj) | \$ <u>0</u> | \$ <u>0</u> |
| 10. Coinsurance (Adj) | \$ <u>0</u> | \$ <u>0</u> |
| 11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients | \$ <u><u>0</u></u> | \$ <u><u>128,102</u></u> |
| | | (To Schedule 1) |

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMENFiscal Period Ended:
SEPTEMBER 30, 2008Provider No.
HSP30011F

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

| REPORTED | AUDITED |
|----------|---------|
|----------|---------|

INPATIENT DAYS

| | | |
|--|--------|--------|
| 1. Total Inpatient Days (include private & swing-bed) (Adj) | 32,491 | 32,491 |
| 2. Inpatient Days (include private, exclude swing-bed) | 32,491 | 32,491 |
| 3. Private Room Days (exclude swing-bed private room) (Adj) | 0 | 0 |
| 4. Semi-Private Room Days (exclude swing-bed) (Adj) | 32,491 | 32,491 |
| 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) | \$ 26,971,115 | \$ 28,201,691 |
| 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) | \$ 26,971,115 | \$ 28,201,691 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|---|----------------|----------------|
| 28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj 16) | \$ 107,564,096 | \$ 105,888,751 |
| 29. Private Room Charges (excluding swing-bed charges) | \$ 0 | \$ 0 |
| 30. Semi-Private Room Charges (excluding swing-bed charges)(Adj 16) | \$ 107,564,096 | \$ 105,888,751 |
| 31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28) | \$ 0.250745 | \$ 0.266333 |
| 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) | \$ 3,310.58 | \$ 3,259.02 |
| 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) | \$ 26,971,115 | \$ 28,201,691 |

PROGRAM INPATIENT OPERATING COST

| | | |
|---|-----------|------------|
| 38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2) | \$ 830.11 | \$ 867.98 |
| 39. Program General Inpatient Routine Service Cost (L 9 x L 38) | \$ 0 | \$ 0 |
| 40. Cost Applicable to Medi-Cal (Sch 4A) | \$ 0 | \$ 114,656 |
| 41. Cost Applicable to Medi-Cal (Sch 4B) | \$ 0 | \$ 0 |
| 42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41) | \$ 0 | \$ 114,656 |

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMENFiscal Period Ended:
SEPTEMBER 30, 2008Provider No.
HSP30011F

| SPECIAL CARE AND/OR NURSERY UNITS | REPORTED | AUDITED |
|--|---------------|---------------|
| NURSERY | | |
| 1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27) | \$ 596,112 | \$ 593,083 |
| 2. Total Inpatient Days (Adj) | 16,879 | 16,879 |
| 3. Average Per Diem Cost | \$ 35.32 | \$ 35.14 |
| 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) | \$ 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 |
| 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 29.01, Col 27) | \$ 23,869,440 | \$ 23,854,259 |
| 17. Total Inpatient Days (Adj) | 21,419 | 21,419 |
| 18. Average Per Diem Cost | \$ 1,114.40 | \$ 1,113.70 |
| 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. Average Per Diem Rate (Adj 17) | \$ 0.00 | \$ 316.73 |
| 30. Medi-Cal Inpatient Days (Adj 17) | 0 | 362 |
| 31. Cost Applicable to Medi-Cal | \$ 0 | \$ 114,656 |
| 32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31) | \$ 0 | \$ 114,656 |

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No.
HSP30011F

| 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:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No:
HSP30011F

| ANCILLARY COST CENTERS | | TOTAL ANCILLARY COST * | TOTAL ANCILLARY CHARGES (Adj) | RATIO COST TO CHARGES | MEDI-CAL CHARGES (From Schedule 6) | MEDI-CAL COST |
|------------------------|--------------------------------------|------------------------|-------------------------------|-----------------------|------------------------------------|---------------|
| 37.00 | Operating Room | \$ 11,066,031 | \$ 56,652,899 | 0.195330 | \$ 0 | \$ 0 |
| 38.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 39.00 | Delivery Room and Labor Room | 15,992,820 | 43,996,401 | 0.363503 | 0 | 0 |
| 40.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 41.00 | Radiology-Diagnostic | 621,106 | 2,433,428 | 0.255239 | 0 | 0 |
| 41.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 42.01 | CAT Scan | 12,037 | 453,050 | 0.026570 | 0 | 0 |
| 42.02 | | 0 | 0 | 0.000000 | 0 | 0 |
| 43.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 44.00 | Laboratory | 4,098,448 | 27,983,676 | 0.146459 | 32,848 | 4,811 |
| 44.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 46.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 47.01 | Vascular Lab | 54,646 | 167,277 | 0.326680 | 0 | 0 |
| 48.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 49.00 | Respiratory Therapy | 3,136,527 | 29,044,150 | 0.107992 | 0 | 0 |
| 50.00 | Physical Therapy | 71,360 | 248,782 | 0.286837 | 3,173 | 910 |
| 51.00 | Occupational Therapy | 59,030 | 215,401 | 0.274046 | 0 | 0 |
| 52.00 | Speech Pathology | 264,726 | 2,142,448 | 0.123562 | 0 | 0 |
| 53.00 | Electrocardiology | 990,844 | 2,011,085 | 0.492691 | 0 | 0 |
| 54.00 | Electroencephalography | 22,570 | 61,504 | 0.366966 | 0 | 0 |
| 55.00 | Medical Supplies Charged to Patients | 2,445,066 | 15,805,970 | 0.154693 | 0 | 0 |
| 56.00 | Drugs Charged to Patients | 6,037,017 | 50,869,969 | 0.118675 | 65,090 | 7,725 |
| 57.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 58.02 | Ultrasound | 886,126 | 4,182,479 | 0.211866 | 0 | 0 |
| 59.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 59.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 59.02 | | 0 | 0 | 0.000000 | 0 | 0 |
| 59.03 | | 0 | 0 | 0.000000 | 0 | 0 |
| 60.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 60.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 61.00 | Emergency | 2,398 | 19,558 | 0.122614 | 0 | 0 |
| 62.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 71.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 82.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 83.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 84.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 85.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 86.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| TOTAL | | \$ 45,760,754 | \$ 236,288,077 | | \$ 101,111 | \$ 13,446 |

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No:
HSC30011F

| | REPORTED | AUDITED |
|--|--------------------------|----------------------|
| 1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3) | \$ <u>23,746,780</u> | \$ <u>21,797,822</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>N/A</u> |
| 4. | \$ <u>0</u> | \$ <u>0</u> |
| 5. Subtotal (Sum of Lines 1 through 4) | \$ <u>23,746,780</u> | \$ <u>21,797,822</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>23,746,780</u> | \$ <u>21,797,822</u> |
| | (To Summary of Findings) | |
| 9. Medi-Cal Overpayments (Adjs 29,30,31,32) | \$ <u>0</u> | \$ <u>(341,881)</u> |
| 10. Medi-Cal Credit Balances (Adj) | \$ <u>0</u> | \$ <u>0</u> |
| 11. | \$ <u>0</u> | \$ <u>0</u> |
| 12. | \$ <u>0</u> | \$ <u>0</u> |
| 13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State) | \$ <u>0</u> | \$ <u>(341,881)</u> |
| | (To Summary of Findings) | |

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

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No:
HSC30011F

| |
|-----------------|
| REPORTED |
|-----------------|

| |
|----------------|
| AUDITED |
|----------------|

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

| | | |
|--|----------------------|----------------------|
| 1. Cost of Covered Services (Contract Sch 3) | \$ <u>23,746,780</u> | \$ <u>21,868,837</u> |
|--|----------------------|----------------------|

CHARGES FOR MEDI-CAL INPATIENT SERVICES

| | | |
|---|-------------|----------------------|
| 2. Inpatient Routine Service Charges (Adjs 24,28) | \$ <u>0</u> | \$ <u>51,854,789</u> |
|---|-------------|----------------------|

| | | |
|---|----------------------|----------------------|
| 3. Inpatient Ancillary Service Charges (Adjs 24,28) | \$ <u>52,231,570</u> | \$ <u>45,894,676</u> |
|---|----------------------|----------------------|

| | | |
|--|----------------------|----------------------|
| 4. Total Charges - Medi-Cal Inpatient Services | \$ <u>52,231,570</u> | \$ <u>97,749,465</u> |
|--|----------------------|----------------------|

| | | |
|--|----------------------|----------------------|
| 5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) * | \$ <u>28,484,790</u> | \$ <u>75,880,628</u> |
|--|----------------------|----------------------|

| | | |
|--|-------------|-------------|
| 6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4) | \$ <u>0</u> | \$ <u>0</u> |
|--|-------------|-------------|

(To Contract Sch 1)

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

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

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No:
HSC30011F

| | REPORTED | AUDITED |
|--|------------------------------------|----------------------|
| 1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5) | \$ <u>9,346,529</u> | \$ <u>8,687,732</u> |
| 2. Medi-Cal Inpatient Routine Services (Contract Sch 4) | \$ <u>14,400,251</u> | \$ <u>13,181,105</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>23,746,780</u> | \$ <u>21,868,837</u> |
| 7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7) | (See \$ <u>Contract Sch 1)</u> | \$ <u>0</u> |
| 8. SUBTOTAL | \$ <u>23,746,780</u> | \$ <u>21,868,837</u> |
| | (To Contract Sch 2) | |
| 9. Deductibles (Adj 25) | \$ <u>0</u> | \$ <u>(47,205)</u> |
| 10. Coinsurance (Adj 25) | \$ <u>0</u> | \$ <u>(23,810)</u> |
| 11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients | \$ <u>23,746,780</u> | \$ <u>21,797,822</u> |
| | (To Contract Sch 1) | |

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

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No:
HSC30011F

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

| | REPORTED | AUDITED |
|--|-----------------|----------------|
| INPATIENT DAYS | | |
| 1. Total Inpatient Days (include private & swing-bed) (Adj) | 32,491 | 32,491 |
| 2. Inpatient Days (include private, exclude swing-bed) | 32,491 | 32,491 |
| 3. Private Room Days (exclude swing-bed private room) (Adj) | 0 | 0 |
| 4. Semi-Private Room Days (exclude swing-bed) (Adj) | 32,491 | 32,491 |
| 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) | 6,320 | 5,795 |

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) | \$ 26,971,115 | \$ 28,201,691 |
| 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) | \$ 26,971,115 | \$ 28,201,691 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|---|----------------|----------------|
| 28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj 16) | \$ 107,564,096 | \$ 105,888,751 |
| 29. Private Room Charges (excluding swing-bed charges)(Adj) | \$ 0 | \$ 0 |
| 30. Semi-Private Room Charges (excluding swing-bed charges)(Adj 16) | \$ 107,564,096 | \$ 105,888,751 |
| 31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28) | \$ 0.250745 | \$ 0.266333 |
| 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) | \$ 3,310.58 | \$ 3,259.02 |
| 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) | \$ 26,971,115 | \$ 28,201,691 |

PROGRAM INPATIENT OPERATING COST

| | | |
|---|---------------|---------------|
| 38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2) | \$ 830.11 | \$ 867.98 |
| 39. Program General Inpatient Routine Service Cost (L 9 x L 38) | \$ 5,246,295 | \$ 5,029,944 |
| 40. Cost Applicable to Medi-Cal (Contract Sch 4A) | \$ 9,153,956 | \$ 8,151,161 |
| 41. Cost Applicable to Medi-Cal (Contract Sch 4B) | \$ 0 | \$ 0 |
| 42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41) | \$ 14,400,251 | \$ 13,181,105 |

(To Contract Sch 3)

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

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No:
HSC30011F

| SPECIAL CARE AND/OR NURSERY UNITS | REPORTED | AUDITED |
|--|---------------------|----------------|
| NURSERY | | |
| 1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27) | \$ 596,112 | \$ 593,083 |
| 2. Total Inpatient Days (Adj) | 16,879 | 16,879 |
| 3. Average Per Diem Cost | \$ 35.32 | \$ 35.14 |
| 4. Medi-Cal Inpatient Days (Adjs 22,26) | 3,510 | 3,486 |
| 5. Cost Applicable to Medi-Cal | \$ 123,973 | \$ 122,498 |
| INTENSIVE CARE UNIT | | |
| 6. Total Inpatient Routine Cost (Sch 8, Line 26, 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 |
| 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 29.01, Col 27) | \$ 23,869,440 | \$ 23,854,259 |
| 17. Total Inpatient Days (Adj) | 21,419 | 21,419 |
| 18. Average Per Diem Cost | \$ 1,114.40 | \$ 1,113.70 |
| 19. Medi-Cal Inpatient Days (Adj 22) | 8,103 | 7,209 |
| 20. Cost Applicable to Medi-Cal | \$ 9,029,983 | \$ 8,028,663 |
| 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) | \$ 9,153,956 | \$ 8,151,161 |
| | (To Contract Sch 4) | |

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

Provider No:
HSC30011F

| 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)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

| | TRIAL BALANCE EXPENSES | MAINT & REPAIRS | OPER PLANT | LAUNDRY & LINEN | HOUSEKEEP | DIETARY | CAFETERIA | 13.00 | NURSING ADMIN | CENTRAL SERVICE & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | | | | | | | | |
|-----------------------------------|--------------------------------------|-----------------|------------|-----------------|-----------|---------|-----------|-------|---------------|--------------------------|------------------|---------------------------|----------------|------------------|------------------|----------|------------------|------------------|------------------|------------------|----------------|
| | | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | 12.00 | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | | | | | | | | |
| ANCILLARY COST CENTERS | | | | | | | | | | | | | | | | | | | | | |
| 37.00 | Operating Room | 161,675 | 317,035 | 144,090 | 218,566 | 0 | 0 | 0 | 300,130 | 155,567 | 0 | 247,722 | 0 | | | | | | | | |
| 38.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 39.00 | Delivery Room and Labor Room | 134,207 | 263,173 | 229,941 | 181,433 | 82,327 | 0 | 0 | 623,397 | 163,450 | 0 | 192,380 | 0 | | | | | | | | |
| 40.01 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 41.00 | Radiology-Diagnostic | 1,502 | 2,945 | 0 | 2,030 | 0 | 0 | 0 | 0 | 0 | 0 | 10,640 | 0 | | | | | | | | |
| 41.01 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,981 | 0 | | | | | | | | |
| 42.01 | CAT Scan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 42.02 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 43.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 44.00 | Laboratory | 11,076 | 21,719 | 0 | 14,973 | 0 | 0 | 0 | 0 | 72,473 | 0 | 122,404 | 0 | | | | | | | | |
| 44.01 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 46.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 47.01 | Vascular Lab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 731 | 0 | | | | | | | | |
| 48.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 49.00 | Respiratory Therapy | 5,717 | 11,211 | 0 | 7,729 | 1,499 | 0 | 0 | 952 | 136,571 | 0 | 126,999 | 0 | | | | | | | | |
| 50.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,088 | 0 | | | | | | | | |
| 51.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 942 | 0 | | | | | | | | |
| 52.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25,511 | 0 | 9,368 | 0 | | | | | | | | |
| 53.00 | Electrocardiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8,794 | 0 | | | | | | | | |
| 54.00 | Electroencephalography | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 269 | 0 | | | | | | | | |
| 55.00 | Medical Supplies Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 516,404 | 0 | 69,114 | 0 | | | | | | | | |
| 56.00 | Drugs Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,541,930 | 222,435 | 0 | | | | | | | | |
| 57.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 58.02 | Ultrasound | 21,008 | 41,196 | 11,562 | 28,401 | 0 | 0 | 0 | 24,681 | 3,614 | 0 | 18,288 | 0 | | | | | | | | |
| 59.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 59.01 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 59.02 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 59.03 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 60.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 60.01 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 61.00 | Emergency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44 | 0 | | | | | | | | |
| 62.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 71.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 82.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 83.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 84.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 85.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 86.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| NONREIMBURSABLE COST CENTE | | | | | | | | | | | | | | | | | | | | | |
| 96.00 | Gift, Flower, Coffee Shop & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 96.01 | New Beginning Boutique | 18,551 | 36,377 | 0 | 25,078 | 0 | 0 | 0 | 0 | 20,203 | 0 | 0 | 0 | | | | | | | | |
| 96.02 | Fertility Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 96.05 | Other Non-Allowed Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 96.06 | Research | 1,118 | 2,192 | 0 | 1,511 | 0 | 0 | 0 | 14,100 | 0 | 0 | 0 | 0 | | | | | | | | |
| 96.07 | HLA Pre Heart | 495 | 970 | 0 | 669 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 96.08 | HLA Pre Kidney | 7,014 | 13,754 | 0 | 9,482 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 96.09 | HLA Pre Pancreas | 265 | 519 | 0 | 358 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 96.10 | Physicians' Lounge | 4,181 | 8,199 | 0 | 5,652 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 96.11 | Vacant Space | 2,850 | 5,589 | 0 | 3,853 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 100.01 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 100.02 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 100.03 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| 100.04 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| TOTAL | | | | | | | | | | | 1,237,805 | 2,427,268 | 818,919 | 1,643,241 | 1,370,952 | 0 | 3,221,927 | 1,441,617 | 3,541,930 | 1,931,612 | 638,689 |

STATE OF CALIFORNIA

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

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

SCHEDULE 9.1

Fiscal Period Ended:
SEPTEMBER 30, 2008

| | EMP BENE (GROSS SALARIES) 5.00 (Adj 12) | 6.01 | 6.02 | 6.03 | 6.04 | 6.05 | 6.06 | 6.07 | 6.08 | ADM & GEN (ACCU COST) 6.00 | MAINT & REPAIRS (SQ FT) 7.00 (Adjs 5, 7, 9,11) |
|-------------------------------------|---|------------|----------|----------|----------|----------|----------|----------|----------|-------------------------------------|---|
| ANCILLARY COST CENTERS | | | | | | | | | | | |
| 37.00 | Operating Room | 5,053,651 | | | | | | | | 8,359,118 | 18,947 |
| 38.00 | Delivery Room and Labor Room | 9,004,398 | | | | | | | | 0 | 15,728 |
| 40.01 | Radiology-Diagnostic | 56,352 | | | | | | | | 530,268 | 176 |
| 41.00 | CAT Scan | | | | | | | | | 8,829 | |
| 42.02 | Laboratory | 773,987 | | | | | | | | 0 | 1,298 |
| 43.00 | Vascular Lab | | | | | | | | | 47,334 | |
| 44.00 | Respiratory Therapy | 1,555,072 | | | | | | | | 2,498,496 | 670 |
| 44.01 | Physical Therapy | | | | | | | | | 61,695 | |
| 46.00 | Occupational Therapy | | | | | | | | | 50,998 | |
| 47.01 | Speech Pathology | 93,821 | | | | | | | | 201,793 | |
| 48.00 | Electrocardiology | | | | | | | | | 862,185 | |
| 49.00 | Electroencephalography | | | | | | | | | 19,579 | |
| 50.00 | Medical Supplies Charged to Patients | | | | | | | | | 1,632,579 | |
| 51.00 | Drugs Charged to Patients | | | | | | | | | 1,995,261 | |
| 52.00 | Ultrasound | 372,592 | | | | | | | | 647,374 | 2,462 |
| 53.00 | | | | | | | | | | 0 | |
| 54.00 | | | | | | | | | | 0 | |
| 55.00 | | | | | | | | | | 0 | |
| 56.00 | | | | | | | | | | 0 | |
| 57.00 | | | | | | | | | | 2,067 | |
| 58.02 | | | | | | | | | | 0 | |
| 59.00 | | | | | | | | | | 0 | |
| 59.01 | | | | | | | | | | 0 | |
| 59.02 | | | | | | | | | | 0 | |
| 59.03 | | | | | | | | | | 0 | |
| 60.00 | | | | | | | | | | 0 | |
| 60.01 | Emergency | | | | | | | | | 0 | |
| 61.00 | | | | | | | | | | 0 | |
| 62.00 | | | | | | | | | | 0 | |
| 71.00 | | | | | | | | | | 0 | |
| 82.00 | | | | | | | | | | 0 | |
| 83.00 | | | | | | | | | | 0 | |
| 84.00 | | | | | | | | | | 0 | |
| 85.00 | | | | | | | | | | 0 | |
| 86.00 | | | | | | | | | | 0 | |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | | |
| 96.00 | Gift, Flower, Coffee Shop & Canteen | | | | | | | | | 0 | |
| 96.01 | New Beginning Boutique | 178,160 | | | | | | | | 550,827 | 2,174 |
| 96.02 | Fertility Center | 21,259 | | | | | | | | 26,856 | |
| 96.05 | Other Non-Allowed Costs | | | | | | | | | 59,544 | |
| 96.06 | Research | 185,099 | | | | | | | | 232,621 | 131 |
| 96.07 | HLA Pre Heart | | | | | | | | | 1,863 | 58 |
| 96.08 | HLA Pre Kidney | | | | | | | | | 26,407 | 822 |
| 96.09 | HLA Pre Pancreas | | | | | | | | | 996 | 31 |
| 96.10 | Physicians' Lounge | | | | | | | | | 15,741 | 490 |
| 96.11 | Vacant Space | | | | | | | | | 10,730 | 334 |
| 100.01 | | | | | | | | | | 0 | |
| 100.02 | | | | | | | | | | 0 | |
| 100.03 | | | | | | | | | | 0 | |
| 100.04 | | | | | | | | | | 0 | |
| | TOTAL | 52,059,347 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 87,484,490 | 145,061 |
| | COST TO BE ALLOCATED | 6,852,729 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12,162,544 | 1,237,805 |
| | UNIT COST MULTIPLIER - SCH 8 | 0.131633 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.139025 | 8.532996 |

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

PARAMED
EDUCAT
(ASG TIME) 24.00

19.02 19.03 20.00 21.00 22.00 23.00

GENERAL SERVICE COST CENTERS

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

Employee Benefits

- 5.00
- 6.01
- 6.02
- 6.03
- 6.04
- 6.05
- 6.06
- 6.07
- 6.08

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

Nursing Administration

- 14.00 Central Services and Supply
- 15.00 Pharmacy
- 16.00 Medical Records and Library
- 17.00 Social Service
- 18.00
- 19.00

Paramedical Ed Program

- 19.02
- 19.03
- 20.00
- 21.00
- 22.00
- 23.00
- 24.00

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults and Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00
- 28.00
- 29.01 Neonatal Intensive Care Unit
- 30.00
- 31.00
- 32.00
- 33.00 Nursery
- 34.00
- 35.00
- 36.00
- 36.01
- 36.02

TRIAL BALANCE OF EXPENSES

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

| | | REPORTED | ADJUSTMENTS (From Sch 10A) | AUDITED |
|-------|---------------------------------------|------------|-------------------------------|------------|
| | GENERAL SERVICE COST CENTERS | | | |
| 1.00 | Old Cap Rel Costs-Bldg and Fixtures | \$ | \$ 0 | \$ 0 |
| 2.00 | Old Cap Rel Costs-Movable Equipment | | 0 | 0 |
| 3.00 | New Cap Rel Costs-Bldg and Fixtures | 2,884,414 | 0 | 2,884,414 |
| 4.00 | New Cap Rel Costs-Movable Equipment | 2,368,734 | 0 | 2,368,734 |
| 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 | 6,852,729 | 0 | 6,852,729 |
| 6.01 | | | 0 | 0 |
| 6.02 | | | 0 | 0 |
| 6.03 | | | 0 | 0 |
| 6.04 | | | 0 | 0 |
| 6.05 | | | 0 | 0 |
| 6.06 | | | 0 | 0 |
| 6.07 | | | 0 | 0 |
| 6.08 | | | 0 | 0 |
| 6.00 | Administrative and General | 11,843,188 | 0 | 11,843,188 |
| 7.00 | Maintenance and Repairs | 584,580 | 0 | 584,580 |
| 8.00 | Operation of Plant | 2,131,005 | 0 | 2,131,005 |
| 9.00 | Laundry and Linen Service | 612,578 | 0 | 612,578 |
| 10.00 | Housekeeping | 1,407,211 | 0 | 1,407,211 |
| 11.00 | Dietary | 0 | 1,203,619 | 1,203,619 |
| 12.00 | Cafeteria | | 0 | 0 |
| 13.00 | | | 0 | 0 |
| 14.00 | Nursing Administration | 1,304,098 | 0 | 1,304,098 |
| 15.00 | Central Services and Supply | 1,040,349 | 0 | 1,040,349 |
| 16.00 | Pharmacy | 2,548,673 | 0 | 2,548,673 |
| 17.00 | Medical Records and Library | 1,521,486 | 0 | 1,521,486 |
| 18.00 | Social Service | 484,823 | 0 | 484,823 |
| 19.00 | | | 0 | 0 |
| 19.02 | | | 0 | 0 |
| 19.03 | | | 0 | 0 |
| 20.00 | | | 0 | 0 |
| 21.00 | | | 0 | 0 |
| 22.00 | | | 0 | 0 |
| 23.00 | | | 0 | 0 |
| 24.00 | Paramedical Ed Program | | 0 | 0 |
| | INPATIENT ROUTINE COST CENTERS | | | |
| 25.00 | Adults and Pediatrics (Gen Routine) | 16,392,658 | 877 | 16,393,535 |
| 26.00 | Intensive Care Unit | | 0 | 0 |
| 27.00 | | | 0 | 0 |
| 28.00 | | | 0 | 0 |
| 29.01 | Neonatal Intensive Care Unit | 16,145,906 | 0 | 16,145,906 |
| 30.00 | | | 0 | 0 |
| 31.00 | | | 0 | 0 |
| 32.00 | | | 0 | 0 |
| 33.00 | Nursery | 362,063 | (877) | 361,186 |
| 34.00 | | | 0 | 0 |
| 35.00 | | | 0 | 0 |
| 36.00 | | | 0 | 0 |
| 36.01 | | | 0 | 0 |
| 36.02 | | | 0 | 0 |

TRIAL BALANCE OF EXPENSES

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Fiscal Period Ended:
SEPTEMBER 30, 2008

| | | REPORTED | ADJUSTMENTS (From Sch 10A) | AUDITED |
|--------|--------------------------------------|---------------|-------------------------------|---------------|
| | ANCILLARY COST CENTERS | | | |
| 37.00 | Operating Room | \$ 7,085,222 | \$ 0 | \$ 7,085,222 |
| 38.00 | | | 0 | 0 |
| 39.00 | Delivery Room and Labor Room | 10,708,237 | 0 | 10,708,237 |
| 40.01 | | | 0 | 0 |
| 41.00 | Radiology-Diagnostic | 517,196 | 0 | 517,196 |
| 41.01 | | | 0 | 0 |
| 42.01 | CAT Scan | 8,829 | 0 | 8,829 |
| 42.02 | | | 0 | 0 |
| 43.00 | | | 0 | 0 |
| 44.00 | Laboratory | 3,241,598 | 0 | 3,241,598 |
| 44.01 | | | 0 | 0 |
| 46.00 | | | 0 | 0 |
| 47.01 | Vascular Lab | 47,334 | 0 | 47,334 |
| 48.00 | | | 0 | 0 |
| 49.00 | Respiratory Therapy | 2,272,274 | 0 | 2,272,274 |
| 50.00 | Physical Therapy | 61,695 | 0 | 61,695 |
| 51.00 | Occupational Therapy | 50,998 | 0 | 50,998 |
| 52.00 | Speech Pathology | 189,443 | 0 | 189,443 |
| 53.00 | Electrocardiology | 862,185 | 0 | 862,185 |
| 54.00 | Electroencephalography | 19,579 | 0 | 19,579 |
| 55.00 | Medical Supplies Charged to Patients | 1,632,579 | 0 | 1,632,579 |
| 56.00 | Drugs Charged to Patients | 1,995,261 | 0 | 1,995,261 |
| 57.00 | | | 0 | 0 |
| 58.02 | Ultrasound | 519,237 | 0 | 519,237 |
| 59.00 | | | 0 | 0 |
| 59.01 | | | 0 | 0 |
| 59.02 | | | 0 | 0 |
| 59.03 | | | 0 | 0 |
| 60.00 | | | 0 | 0 |
| 60.01 | | | 0 | 0 |
| 61.00 | Emergency | 2,067 | 0 | 2,067 |
| 62.00 | | | 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 | \$ 97,698,229 | \$ 1,203,619 | \$ 98,901,848 |
| | NONREIMBURSABLE COST CENTERS | | | |
| 96.00 | Gift, Flower, Coffee Shop & Canteen | | 0 | 0 |
| 96.01 | New Beginning Boutique | 457,536 | 0 | 457,536 |
| 96.02 | Fertility Center | 24,058 | 0 | 24,058 |
| 96.05 | Other Non-Allowed Costs | 59,544 | 0 | 59,544 |
| 96.06 | Research | 204,048 | 0 | 204,048 |
| 96.07 | HLA Pre Heart | | 0 | 0 |
| 96.08 | HLA Pre Kidney | | 0 | 0 |
| 96.09 | HLA Pre Pancreas | | 0 | 0 |
| 96.10 | Physicians' Lounge | | 0 | 0 |
| 96.11 | Vacant Space | | 0 | 0 |
| 100.01 | | | 0 | 0 |
| 100.02 | | | 0 | 0 |
| 100.03 | | | 0 | 0 |
| 100.04 | | | 0 | 0 |
| 100.99 | SUBTOTAL | \$ 745,186 | \$ 0 | \$ 745,186 |
| 101 | TOTAL | \$ 98,443,415 | \$ 1,203,619 | \$ 99,647,034 |

(To Schedule 8)

Provider Name:
SHARP MARY BIRCH HOSPITAL FOR WOMEN

Page 1
Fiscal Period Ended:
SEPTEMBER 30, 2008

| | TOTAL ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ | AUDIT ADJ |
|--|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| (Page 1 & 2) | 1 | 2 | | | | | | | | | | | | | | | | |
| ANCILLARY COST CENTERS | | | | | | | | | | | | | | | | | | |
| 37.00 Operating Room | 0 | | | | | | | | | | | | | | | | | |
| 38.00 | 0 | | | | | | | | | | | | | | | | | |
| 39.00 Delivery Room and Labor Room | 0 | | | | | | | | | | | | | | | | | |
| 40.01 | 0 | | | | | | | | | | | | | | | | | |
| 41.00 Radiology-Diagnostic | 0 | | | | | | | | | | | | | | | | | |
| 41.01 | 0 | | | | | | | | | | | | | | | | | |
| 42.01 CAT Scan | 0 | | | | | | | | | | | | | | | | | |
| 42.02 | 0 | | | | | | | | | | | | | | | | | |
| 43.00 | 0 | | | | | | | | | | | | | | | | | |
| 44.00 Laboratory | 0 | | | | | | | | | | | | | | | | | |
| 44.01 | 0 | | | | | | | | | | | | | | | | | |
| 46.00 | 0 | | | | | | | | | | | | | | | | | |
| 47.01 Vascular Lab | 0 | | | | | | | | | | | | | | | | | |
| 48.00 | 0 | | | | | | | | | | | | | | | | | |
| 49.00 Respiratory Therapy | 0 | | | | | | | | | | | | | | | | | |
| 50.00 Physical Therapy | 0 | | | | | | | | | | | | | | | | | |
| 51.00 Occupational Therapy | 0 | | | | | | | | | | | | | | | | | |
| 52.00 Speech Pathology | 0 | | | | | | | | | | | | | | | | | |
| 53.00 Electrocardiology | 0 | | | | | | | | | | | | | | | | | |
| 54.00 Electroencephalography | 0 | | | | | | | | | | | | | | | | | |
| 55.00 Medical Supplies Charged to Patients | 0 | | | | | | | | | | | | | | | | | |
| 56.00 Drugs Charged to Patients | 0 | | | | | | | | | | | | | | | | | |
| 57.00 | 0 | | | | | | | | | | | | | | | | | |
| 58.02 Ultrasound | 0 | | | | | | | | | | | | | | | | | |
| 59.00 | 0 | | | | | | | | | | | | | | | | | |
| 59.01 | 0 | | | | | | | | | | | | | | | | | |
| 59.02 | 0 | | | | | | | | | | | | | | | | | |
| 59.03 | 0 | | | | | | | | | | | | | | | | | |
| 60.00 | 0 | | | | | | | | | | | | | | | | | |
| 60.01 | 0 | | | | | | | | | | | | | | | | | |
| 61.00 Emergency | 0 | | | | | | | | | | | | | | | | | |
| 62.00 | 0 | | | | | | | | | | | | | | | | | |
| 71.00 | 0 | | | | | | | | | | | | | | | | | |
| 82.00 | 0 | | | | | | | | | | | | | | | | | |
| 83.00 | 0 | | | | | | | | | | | | | | | | | |
| 84.00 | 0 | | | | | | | | | | | | | | | | | |
| 85.00 | 0 | | | | | | | | | | | | | | | | | |
| 86.00 | 0 | | | | | | | | | | | | | | | | | |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | | | | | | | | | |
| 96.00 Gift, Flower, Coffee Shop & Canteen | 0 | | | | | | | | | | | | | | | | | |
| 96.01 New Beginning Boutique | 0 | | | | | | | | | | | | | | | | | |
| 96.02 Fertility Center | 0 | | | | | | | | | | | | | | | | | |
| 96.05 Other Non-Allowed Costs | 0 | | | | | | | | | | | | | | | | | |
| 96.06 Research | 0 | | | | | | | | | | | | | | | | | |
| 96.07 HLA Pre Heart | 0 | | | | | | | | | | | | | | | | | |
| 96.08 HLA Pre Kidney | 0 | | | | | | | | | | | | | | | | | |
| 96.09 HLA Pre Pancreas | 0 | | | | | | | | | | | | | | | | | |
| 96.10 Physicians' Lounge | 0 | | | | | | | | | | | | | | | | | |
| 96.11 Vacant Space | 0 | | | | | | | | | | | | | | | | | |
| 100.01 | 0 | | | | | | | | | | | | | | | | | |
| 100.02 | 0 | | | | | | | | | | | | | | | | | |
| 100.03 | 0 | | | | | | | | | | | | | | | | | |
| 100.04 | 0 | | | | | | | | | | | | | | | | | |
| 101.00 TOTAL | \$1,203,619 | 0 | 1,203,619 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(To Sch 10)

| Provider Name | | Fiscal Period | | Provider Number, NPI | | Adjustments | | |
|---|--------------|--|-------------|-----------------------|------|-----------------------|---------------------|--------------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | HSC30011F, 1972586402 | | 32 | | |
| Report References | | | | | | | | |
| Adj. No. | Audit Report | Work Sheet | Cost Report | | | As Reported | Increase (Decrease) | As Adjusted |
| | | | Part | Title | Line | | | |
| 1 | 10A | A | | 25.00 | 7 | Adults and Pediatrics | \$16,392,658 | \$16,393,535 |
| | 10A | A | | 33.00 | 7 | Nursery | 362,063 | 361,186 |
| <p>RECLASSIFICATION OF REPORTED COSTS</p> <p>To adjust the provider's reclassification of nursery expense reported in Adults and Pediatrics for proper cost determination. This adjustment is done in conjunction with adjustments 10 through 16.</p> <p>42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2202.11, 2206, 2300, 2302.6, 2304, and 2306</p> | | | | | | | | |

| Provider Name | | Fiscal Period | | | | Provider Number, NPI | | Adjustments | |
|--|--------------|--|-------------|-------|------|-----------------------|---------------------|-------------|-------------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | | | HSC30011F, 1972586402 | | 32 | |
| Report References | | | | | | | | | |
| Adj. No. | Audit Report | Work Sheet | Cost Report | | | As Reported | Increase (Decrease) | As Adjusted | |
| | | | Part | Title | Line | | | | |
| 2 | 10A | A | | 11.00 | 7 | Dietary | \$0 | \$1,203,619 | \$1,203,619 |
| <p style="text-align: center;">ADJUSTMENT TO REPORTED COSTS</p> <p>To include the audited dietary expense based on the Audit Report for Sharp Memorial Hospital for fiscal period ended September 30, 2008. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304</p> | | | | | | | | | |

| Provider Name | | Fiscal Period | | Provider Number, NPI | | Adjustments | | |
|---|--------------|--|-------------|-----------------------|--|-------------|---------------------|-------------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | HSC30011F, 1972586402 | | 32 | | |
| Report References | | | | | | | | |
| Adj. No. | Audit Report | Work Sheet | Cost Report | | | As Reported | Increase (Decrease) | As Adjusted |
| | | | Part | Title | Line | | | |
| ADJUSTMENTS TO REPORTED STATISTICS | | | | | | | | |
| 3 | 9 | B-1 | 14.00 | 11 | Nursing Administration (Meals Served) | 0 | 69 | 69 |
| | 9 | B-1 | 15.00 | 11 | Central Services and Supply | 0 | 2 | 2 |
| | 9 | B-1 | 25.00 | 11 | Adults and Pediatrics | 91,564 | 148 | 91,712 |
| | 9 | B-1 | 29.01 | 11 | Neonatal Intensive Care Unit | 0 | 116 | 116 |
| | 9 | B-1 | 49.00 | 11 | Respiratory Therapy | 0 | 107 | 107 |
| | 9 | B-1 | 11.00 | 11 | Total—Meals Served | 97,442 | 442 | 97,884 |
| To include meals served statistic related to catering meals for proper cost determination. | | | | | | | | |
| 42 CFR 413.20, 413.24, and 413.50 | | | | | | | | |
| CMS Pub. 15-1, Sections 2300, 2304, and 2306 | | | | | | | | |
| 4 | 9 | B-1 | 6.00 | 3,4 | Administrative and General (Square Feet) | 3,235 | (404) | 2,831 |
| | 9 | B-1 | 29.01 | 3,4 | Neonatal Intensive Care Unit | 17,455 | 404 | 17,859 |
| 5 | 9 | B-1 | 29.01 | 7,8,10 | Neonatal Intensive Care Unit (Square Feet) | 17,455 | 404 | 17,859 |
| | 9 | B-1 | 7.00 | 7 | Total—Square Feet | 144,657 | 404 | 145,061 |
| | 9 | B-1 | 8.00 | 8 | Total—Square Feet | 144,657 | 404 | 145,061 |
| | 9 | B-1 | 10.00 | 10 | Total—Square Feet | 142,045 | 404 | 142,449 |
| To reclassify/include the square feet of the physicians' area located on the first floor. | | | | | | | | |
| 42 CFR 413.20 and 413.24 | | | | | | | | |
| CMS Pub. 15-1, Sections 2300 and 2304 | | | | | | | | |
| 6 | 9 | B-1 | 37.00 | 3,4 | Operating Room (Square Feet) | 19,281 | (334) | 18,947 |
| | 9 | B-1 | 96.11 | 3,4 | Vacant Space | 0 | 334 | 334 |
| 7 | 9 | B-1 | 37.00 | 7,8,10 | Operating Room (Square Feet) | 19,281 | (334) | 18,947 |
| | 9 | B-1 | 96.11 | 7,8,10 | Vacant Space | 0 | 334 | 334 |
| To reclassify the vacant space square feet on the third floor to a nonreimbursable cost center. | | | | | | | | |
| 42 CFR 413.9, 413.20, and 413.24 | | | | | | | | |
| CMS Pub. 15-1, Sections 2100, 2102.3, 2300, 2304, and 2328 | | | | | | | | |

| Provider Name | | Fiscal Period | | | | Provider Number, NPI | | Adjustments | |
|--|--------------|--|-------------|--------|--|-----------------------|---------------------|-------------|------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | | | HSC30011F, 1972586402 | | 32 | |
| Report References | | | | | | | | | |
| Adj. No. | Audit Report | Work Sheet | Cost Report | | | As Reported | Increase (Decrease) | As Adjusted | |
| | | | Part | Title | Line | | | | Col. |
| ADJUSTMENTS TO REPORTED STATISTICS | | | | | | | | | |
| 8 | 9 | B-1 | 39.00 | 3,4 | Delivery Room and Labor Room (Square Feet) | 16,218 | (490) | 15,728 | |
| | 9 | B-1 | 96.10 | 3,4 | Physicians' Lounge | 0 | 490 | 490 | |
| 9 | 9 | B-1 | 39.00 | 7,8,10 | Delivery Room and Labor Room (Square Feet) | 16,218 | (490) | 15,728 | |
| | 9 | B-1 | 96.10 | 7,8,10 | Physicians' Lounge | 0 | 490 | 490 | |
| <p>To reclassify the nonallowable square feet of the third floor physicians' lounge to a nonreimbursable cost center. 42 CFR 413.9, 413.20, and 413.24 CMS Pub. 15-1, Sections 2100, 2102.3, 2300, 2304, and 2328</p> | | | | | | | | | |
| 10 | 9 | B-1 | 25.00 | 3,4 | Adults and Pediatrics (Square Feet) | 51,444 | 6 | 51,450 | |
| | 9 | B-1 | 33.00 | 3,4 | Nursery | 1,140 | (6) | 1,134 | |
| 11 | 9 | B-1 | 25.00 | 7,8,10 | Adults and Pediatrics (Square Feet) | 51,444 | 6 | 51,450 | |
| | 9 | B-1 | 33.00 | 7,8,10 | Nursery | 1,140 | (6) | 1,134 | |
| <p>To adjust the provider's reclassification of square feet statistics from Adults and Pediatrics to Nursery in conjunction with adjustments 1 and 16. 42 CFR 412.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306</p> | | | | | | | | | |
| 12 | 9 | B-1 | 25.00 | 5 | Adults and Pediatrics (Gross Salaries) | 14,490,444 | 924 | 14,491,368 | |
| | 9 | B-1 | 33.00 | 5 | Nursery | 320,197 | (924) | 319,273 | |
| <p>To adjust the provider's reclassification of gross salaries statistics from Adults and Pediatrics to Nursery in conjunction with adjustments 1 and 16. 42 CFR 412.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306</p> | | | | | | | | | |

| Provider Name | | Fiscal Period | | | | Provider Number, NPI | | Adjustments | |
|---|--------------|--|-------------|-------|--|-----------------------|---------------------|-------------|------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | | | HSC30011F, 1972586402 | | 32 | |
| Report References | | | | | | | | | |
| Adj. No. | Audit Report | Work Sheet | Cost Report | | | As Reported | Increase (Decrease) | As Adjusted | |
| | | | Part | Title | Line | | | | Col. |
| ADJUSTMENTS TO REPORTED STATISTICS | | | | | | | | | |
| 13 | 9 | B-1 | 25.00 | 9 | Adults and Pediatrics (Pounds of Laundry) | 349,210 | 47 | 349,257 | |
| | 9 | B-1 | 33.00 | 9 | Nursery | 7,742 | (47) | 7,695 | |
| To adjust the provider's reclassification of pounds of laundry statistics from Adults and Pediatrics to Nursery in conjunction with adjustments 1 and 16. 42 CFR 412.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306 | | | | | | | | | |
| 14 | 9 | B-1 | 25.00 | 14 | Adults and Pediatrics (Direct Nursing Hours) | 268,774 | 37 | 268,811 | |
| | 9 | B-1 | 33.00 | 14 | Nursery | 5,959 | (37) | 5,922 | |
| To adjust the provider's reclassification of direct nursing hours statistics from Adults and Pediatrics to Nursery in conjunction with adjustments 1 and 16. 42 CFR 412.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306 | | | | | | | | | |
| 15 | 9 | B-1 | 25.00 | 15 | Adults and Pediatrics (Costed Requisitions) | 347,698 | 47 | 347,745 | |
| | 9 | B-1 | 33.00 | 15 | Nursery | 7,708 | (47) | 7,661 | |
| To adjust the provider's reclassification of costed requisitions statistics from Adults and Pediatrics to Nursery in conjunction with adjustments 1 and 16. 42 CFR 412.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306 | | | | | | | | | |

| Provider Name | | Fiscal Period | | | Provider Number, NPI | | Adjustments | |
|-------------------------------------|--------------|--|-------------|-------|-----------------------|-------------|---------------------|-------------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | | HSC30011F, 1972586402 | | 32 | |
| Report References | | | | | | | | |
| Adj. No. | Audit Report | Work Sheet | Cost Report | | | As Reported | Increase (Decrease) | As Adjusted |
| | | | Part | Title | Line | | | |

ADJUSTMENT TO REPORTED TOTAL CHARGES

16 4, Contract 4 D-1 I V, XIX 28.00,30.00 1 Adults and Pediatrics \$107,564,096 (\$1,675,345) \$105,888,751

To remove nursery charges reported in Adults and Pediatrics and to add observation charges for proper matching of revenue and expense. This adjustment is done in conjunction with adjustments 1 and 10 through 15.

42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53
 CMS Pub. 15-1, Sections 2204, 2206, 2206.1, 2300, and 2304

| Provider Name | | Fiscal Period | | | | Provider Number, NPI | | Adjustments | |
|--|--------------|--|-------------|-------|------|-----------------------|---------------------|-------------|--|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | | | HSC30011F, 1972586402 | | 32 | |
| 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 | | | | | | | | | |
| 17 | 4A | Not reported | | | | \$0.00 | \$316.73 | \$316.73 | |
| | 4A | Not reported | | | | 0 | 362 | 362 | |
| 18 | 6 | Not reported | | | | \$0 | \$32,848 | \$32,848 | |
| | 6 | Not reported | | | | 0 | 3,173 | 3,173 | |
| | 6 | Not reported | | | | 0 | 65,090 | 65,090 | |
| | 6 | Not reported | | | | 0 | 101,111 | 101,111 | |
| 19 | 2 | Not reported | | | | \$0 | \$1,384,587 | \$1,384,587 | |
| | 2 | Not reported | | | | 0 | 101,111 | 101,111 | |
| 20 | 1 | Not reported | | | | \$0 | \$146,292 | \$146,292 | |
| <p>Medi-Cal Average Administrative Day Rate</p> <p>Medi-Cal Administrative Days</p> <p>Medi-Cal Ancillary Charges—Laboratory</p> <p>Medi-Cal Ancillary Charges—Physical Therapy</p> <p>Medi-Cal Ancillary Charges—Drugs Charged to Patients</p> <p>Medi-Cal Ancillary Charges—Total</p> <p>Medi-Cal Routine Service Charges</p> <p>Medi-Cal Ancillary Service Charges</p> <p>Medi-Cal Interim Payments</p> | | | | | | | | | |
| <p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data:</p> <p>NPI 1972586402 and Provider Number HSP30011F</p> <p>Service Period: October 1, 2007 through September 30, 2008</p> <p>Payment Period: October 1, 2007 through August 31, 2009</p> <p>Reports Dated: September 23, 2009</p> <p>42 CFR 413.20, 413.24, 413.60, and 413.64</p> <p>CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408</p> | | | | | | | | | |

| Provider Name | | Fiscal Period | | Provider Number, NPI | | Adjustments | | |
|--|--------------|--|------|-----------------------|------|---|---------------------|--------------------------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | HSC30011F, 1972586402 | | 32 | | |
| Report References | | | | | | | | |
| Adj. No. | Audit Report | Work Sheet | Part | Cost Report | | As Reported | Increase (Decrease) | As Adjusted |
| | | | | Title | Line | | | |
| ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—CONTRACT | | | | | | | | |
| 21 | Contract 6 | D-4 | V | 52.00 | 2 | Medi-Cal Ancillary Charges—Speech Pathology | \$485,814 | \$441 * |
| | Contract 6 | D-4 | V | 101.00 | 2 | Medi-Cal Ancillary Charges—Total | 52,231,570 | (485,373) 51,746,197 * |
| To adjust reported Medi-Cal Settlement Data for proper cost determination. | | | | | | | | |
| 42 CFR 413.20 and 413.24 | | | | | | | | |
| CMS Pub. 15-1, Sections 2300 and 2304 | | | | | | | | |
| 22 | Contract 4 | D-1 | I | 9.00 | 1 | Medi-Cal Days—Adults and Pediatrics | 6,320 | (525) 5,795 |
| | Contract 4A | D-1 | II | 42.00 | 4 | Medi-Cal Days—Nursery | 3,510 | 1 3,511 * |
| | Contract 4A | D-1 | II | 43.00 | 4 | Medi-Cal Days—Neonatal Intensive Care Unit | 8,103 | (894) 7,209 |
| 23 | Contract 6 | D-4 | V | 37.00 | 2 | Medi-Cal Ancillary Charges—Operating Room | \$5,944,697 | (\$693,206) \$5,251,491 |
| | Contract 6 | D-4 | V | 39.00 | 2 | Medi-Cal Ancillary Charges—Delivery Room and Labor Room | 8,394,468 | 386,269 8,780,737 |
| | Contract 6 | D-4 | V | 41.00 | 2 | Medi-Cal Ancillary Charges—Radiology-Diagnostic | 912,237 | (202,961) 709,276 |
| | Contract 6 | D-4 | V | 42.01 | 2 | Medi-Cal Ancillary Charges—CAT Scan | 70,468 | (13,227) 57,241 |
| | Contract 6 | D-4 | V | 44.00 | 2 | Medi-Cal Ancillary Charges—Laboratory | 7,349,271 | (90,792) 7,258,479 * |
| | Contract 6 | D-4 | V | 47.01 | 2 | Medi-Cal Ancillary Charges—Vascular Lab | 39,824 | (39,824) 0 |
| | Contract 6 | D-4 | V | 49.00 | 2 | Medi-Cal Ancillary Charges—Respiratory Therapy | 12,879,814 | (3,893,150) 8,986,664 * |
| | Contract 6 | D-4 | V | 50.00 | 2 | Medi-Cal Ancillary Charges—Physical Therapy | 77,712 | (11,030) 66,682 |
| | Contract 6 | D-4 | V | 51.00 | 2 | Medi-Cal Ancillary Charges—Occupational Therapy | 88,308 | 1,379 89,687 |
| | Contract 6 | D-4 | V | 52.00 | 2 | Medi-Cal Ancillary Charges—Speech Pathology | 441 | 0 441 |
| | Contract 6 | D-4 | V | 53.00 | 2 | Medi-Cal Ancillary Charges—Electrocardiology | 727,206 | 223,549 950,755 |
| | Contract 6 | D-4 | V | 54.00 | 2 | Medi-Cal Ancillary Charges—Electroencephalography | 31,776 | 1,859 33,635 |
| | Contract 6 | D-4 | V | 55.00 | 2 | Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients | 2,474,315 | (504,061) 1,970,254 * |
| | Contract 6 | D-4 | V | 56.00 | 2 | Medi-Cal Ancillary Charges—Drugs Charged to Patients | 12,383,041 | (980,499) 11,402,542 * |
| | Contract 6 | D-4 | V | 58.02 | 2 | Medi-Cal Ancillary Charges—Ultrasound | 372,619 | (33,760) 338,859 |
| | Contract 6 | D-4 | V | 61.00 | 2 | Medi-Cal Ancillary Charges—Emergency | 0 | 1,098 1,098 |
| | Contract 6 | D-4 | V | 101.00 | 2 | Medi-Cal Ancillary Charges—Total | 51,746,197 | (5,848,356) 45,897,841 * |
| 24 | Contract 2 | E-3 | III | 10.00 | 1 | Medi-Cal Routine Service Charges | \$0 | \$51,886,871 * |
| | Contract 2 | E-3 | III | 11.00 | 1 | Medi-Cal Ancillary Service Charges | 52,231,570 | (6,333,729) 45,897,841 * |

-Continued on next page-

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | Fiscal Period | | | | Provider Number, NPI | | Adjustments | |
|--|--------------|--|-------------|-------|--------|-----------------------|---|----------------|-------------------------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | | | HSC30011F, 1972586402 | | 32 | |
| 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 | | | | | | | | | |
| -Continued from previous page- | | | | | | | | | |
| 25 | Contract 3 | E-3 | III | V | 33.00 | 1 | Medi-Cal Deductibles | \$0 | \$47,205 |
| | Contract 3 | E-3 | III | V | 36.00 | 1 | Medi-Cal Coinsurance | 0 | 23,810 |
| <p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data: NPI 1972586402 and Provider Number HSC30011F Service Period: October 1, 2007 through September 30, 2008 Payment Period: October 1, 2007 through August 31, 2009 Reports Dated: September 23, 2009 42 CFR 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51541</p> | | | | | | | | | |
| 26 | Contract 4A | D-1 | II | V | 42.00 | 4 | Medi-Cal Days—Nursery | * 3,511 | (25) 3,486 |
| 27 | Contract 6 | D-4 | V | V | 44.00 | 2 | Medi-Cal Ancillary Charges—Laboratory | * \$7,258,479 | (\$1,768) \$7,256,711 |
| | Contract 6 | D-4 | V | V | 49.00 | 2 | Medi-Cal Ancillary Charges—Respiratory Therapy | * 8,986,664 | (585) 8,986,079 |
| | Contract 6 | D-4 | V | V | 55.00 | 2 | Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients | * 1,970,254 | (42) 1,970,212 |
| | Contract 6 | D-4 | V | V | 56.00 | 2 | Medi-Cal Ancillary Charges—Drugs Charged to Patients | * 11,402,542 | (770) 11,401,772 |
| | Contract 6 | D-4 | V | V | 101.00 | 2 | Medi-Cal Ancillary Charges—Total | * 45,897,841 | (3,165) 45,894,676 |
| 28 | Contract 2 | E-3 | III | V | 10.00 | 1 | Medi-Cal Routine Service Charges | * \$51,886,871 | (\$32,082) \$51,854,789 |
| | Contract 2 | E-3 | III | V | 11.00 | 1 | Medi-Cal Ancillary Service Charges | * 45,897,841 | (3,165) 45,894,676 |
| <p>To adjust Medi-Cal Settlement Data to agree with the findings from the billing review and the following Fiscal Intermediary payment data: NPI 1972586402 and Provider Number HSC30011F Service Period: October 1, 2007 through September 30, 2008 Payment Period: October 1, 2007 through August 31, 2009 Reports Dated: September 23, 2009 42 CFR 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51541</p> | | | | | | | | | |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | Fiscal Period | | Provider Number, NPI | | Adjustments | | |
|---|--------------|--|-------------|-----------------------|------|-------------|---------------------|-------------|
| SHARP MARY BIRCH HOSPITAL FOR WOMEN | | OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008 | | HSC30011F, 1972586402 | | 32 | | |
| Report References | | | | | | | | |
| Adj. No. | Audit Report | Work Sheet | Cost Report | | | As Reported | Increase (Decrease) | As Adjusted |
| | | | Part | Title | Line | | | |
| ADJUSTMENTS TO OTHER MATTERS | | | | | | | | |
| 29 | Contract 1 | | | | | \$0 | \$180,982 | \$180,982 * |
| Medi-Cal Overpayments—Contract To recover Medi-Cal payments for incorrect billing of revenue code 170. CCR, Title 22, Sections 51458.1 and 51476 Medi-Cal Contract, Articles 4.3 and 4.5 | | | | | | | | |
| 30 | Contract 1 | | | | | \$180,982 | \$123,776 | \$304,758 * |
| Medi-Cal Overpayments—Contract To recover Medi-Cal payments because the other coverage was not properly deducted from the amount billed. CCR, Title 22, Sections 51005, 51458.1, and 51476 Medi-Cal Contract, Articles 4.3 and 4.5 | | | | | | | | |
| 31 | Contract 1 | | | | | \$304,758 | \$1,345 | \$306,103 * |
| Medi-Cal Overpayments—Contract To recover Medi-Cal payments due to insufficient documentation authorizing services provided. 42 CFR 431.107 CMS Pub. 15-1, Section 2304.1 W&I Code, Sections 14105.27 and 14124.2(b) CCR, Title 22, Sections 51458.1 and 51476 Medi-Cal Contract, Article 5.2 | | | | | | | | |
| 32 | Contract 1 | | | | | \$306,103 | \$35,778 | \$341,881 |
| Medi-Cal Overpayments—Contract To recover Medi-Cal payments for incorrect billing of mother/baby common day and/or duplicate payment. CCR, Title 22, Sections 51458.1 and 51476 Medi-Cal Contract, Articles 4.3 and 4.5 | | | | | | | | |

*Balance carried forward from prior/to subsequent adjustments