

**REPORT ON THE  
COST REPORT REVIEW**

**SHARP CHULA VISTA MEDICAL CENTER  
CHULA VISTA, CALIFORNIA  
PROVIDER NUMBERS:  
HSC/ZZT30222F AND LTC55216F  
NPI: 1396728630 AND 1538142369**

**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*

April 29, 2010

Administrator  
Sharp Chula Vista Medical Center  
751 Medical Center Court  
Chula Vista, CA 91911

SHARP CHULA VISTA MEDICAL CENTER  
PROVIDER NUMBER HSC30222F  
NATIONAL PROVIDER IDENTIFIER (NPI) 1396728630  
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 \$116,607, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Contract Cost (CONTRACT Schedules)
4. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
5. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s)

Administrator  
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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. Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Rate Development Branch.

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

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

Chief  
Office of Administrative Hearing 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 95899-7413

**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—San Diego at (619) 688-3200.

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

Certified

cc: See Next Page

Administrator  
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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 CHULA VISTA MEDICAL CENTER

**Fiscal Period Ended:**  
SEPTEMBER 30, 2008

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider No. ZZT30222F</b>	Reported	\$ 425	
	Net Change	\$ (14,324)	
	Audited Amount Due Provider (State)	\$ (13,899)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider No. HSC30222F</b>	Reported		\$ 27,709,451
	Net Change		\$ (3,087,375)
	Audited Cost		\$ 24,622,076
	Audited Amount Due Provider (State)	\$ (64,228)	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider No. LTC55216F</b>	Reported		\$ 346.96
	Net Change		\$ (3.43)
	Audited Cost Per Day		\$ 343.53
	Audited Amount Due Provider (State)	\$ (38,480)	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider No.</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider No.</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>		\$ (116,607)	
<b>9. Total Medi-Cal Cost</b>			\$ 24,622,076

**SUMMARY OF FINDINGS**

**Provider Name:**  
**SHARP CHULA VISTA MEDICAL CENTER**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2008**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (116,607)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No.  
ZZT30222F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>64,969</u>	\$ <u>283,075</u>
2. Excess Reasonable Cost Over Charges (Schedule 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. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>64,969</u>	\$ <u>283,075</u>
6. Interim Payments (Adj 11)	\$ <u>(64,544)</u>	\$ <u>(296,974)</u>
7. Balance Due Provider (State)	\$ <u>425</u>	\$ <u>(13,899)</u>
8. Duplicate Payments (Adj )	\$ <u>0</u>	\$ <u>0</u>
9.	\$ <u>0</u>	\$ <u>0</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>425</u>	\$ <u>(13,899)</u>
	(To Summary of Findings)	

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
SHARP CHULA VISTA MEDICAL CENTERFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZT30222F

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 64,969 \$ 293,408

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9) \$ 352,191 \$ 1,636,9993. Inpatient Ancillary Service Charges (Adj 9) \$ 255,018 \$ 1,096,2404. Total Charges - Medi-Cal Inpatient Services \$ 607,209 \$ 2,733,2395. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 542,240 \$ 2,439,8316. 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 SERVICESProvider Name:  
SHARP CHULA VISTA MEDICAL CENTERFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZT30222F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 25,832	\$ 116,476
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 39,137	\$ 176,932
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)	\$ 64,969	\$ 293,408
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 64,969	\$ 293,408
	(To Schedule 2)	
9. Coinsurance (Adj 10)	\$ 0	\$ (9,767)
10. Deductibles (Adj 10)	\$ 0	\$ (566)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 64,969	\$ 283,075
	(To Schedule 1)	

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SHARP CHULA VISTA MEDICAL CENTERFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZT30222F

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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## INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj )	57,925	57,925
2. Inpatient Days (include private, exclude swing-bed)	57,925	57,925
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	57,925	57,925
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)	\$ 49,482,483	\$ 49,508,148
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)	\$ 49,482,483	\$ 49,508,148

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 192,004,551	\$ 192,004,551
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 192,004,551	\$ 192,004,551
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.257715	\$ 0.257849
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)	\$ 3,314.71	\$ 3,314.71
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)	\$ 49,482,483	\$ 49,508,148

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 854.25	\$ 854.69
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 39,137	\$ 176,932
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 39,137	\$ 176,932

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SHARP CHULA VISTA MEDICAL CENTERFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZT30222F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,324,703	\$ 1,297,922
2. Total Inpatient Days (Adj )	5,408	5,408
3. Average Per Diem Cost	\$ 244.95	\$ 240.00
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 17,644,309	\$ 17,644,069
7. Total Inpatient Days (Adj )	9,174	9,174
8. Average Per Diem Cost	\$ 1,923.30	\$ 1,923.27
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
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
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 29.01, Col 27)	\$ 2,799,304	\$ 2,799,290
17. Total Inpatient Days (Adj )	1,861	1,861
18. Average Per Diem Cost	\$ 1,504.19	\$ 1,504.19
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
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
<b>ADMINISTRATIVE DAYS</b>		
26. Average Per Diem Rate (Adj 7)	\$ 318.19	\$ 304.53
27. Medi-Cal Inpatient Days (Adj 7)	123	581
28. Cost Applicable to Medi-Cal	\$ 39,137	\$ 176,932
<b>ADMINISTRATIVE DAYS</b>		
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)	\$ 39,137	\$ 176,932

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SHARP CHULA VISTA MEDICAL CENTERFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZT30222F

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 CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
ZZT30222F

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
37.00	Operating Room	\$ 13,072,665	\$ 62,841,271	0.208027	\$ 0	\$ 0
38.00		0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	6,969,003	26,028,746	0.267743	0	0
41.00	Radiology-Diagnostic	11,858,918	102,328,917	0.115890	29,632	3,434
41.01	Medical Imaging Center	0	0	0.000000	0	0
41.02	MRI	2,049,456	9,594,876	0.213599	2,115	452
42.00	Radiology-Therapeutic	3,056,993	18,083,514	0.169049	0	0
42.01	Infusion Center	731,590	1,588,355	0.460596	0	0
43.01	Nuclear Medicine	1,018,381	7,333,622	0.138865	1,560	217
44.00	Laboratory	13,725,161	128,432,483	0.106867	352,580	37,679
44.01	Laboratory-Pathological	761,334	2,710,898	0.280842	0	0
49.00	Respiratory Therapy	4,300,313	28,206,311	0.152459	0	0
50.00	Physical Therapy	2,278,779	6,201,597	0.367450	24,244	8,908
51.00	Occupational Therapy	637,828	2,071,533	0.307902	4,848	1,493
52.00	Speech Pathology	229,391	719,431	0.318850	8,606	2,744
52.01	Audiology	88,031	589,869	0.149239	0	0
53.00	Electrocardiology	5,081,670	34,278,459	0.148247	0	0
54.00	Electroencephalography	97,757	1,009,173	0.096869	0	0
55.00	Medical Supplies Charged to Patients	22,993,681	105,272,241	0.218421	0	0
56.00	Drugs Charged to Patients	18,066,837	197,446,789	0.091502	672,655	61,549
58.01	Renal Dialysis	2,115,153	6,891,213	0.306935	0	0
58.02		0	0	0.000000	0	0
58.03		0	0	0.000000	0	0
58.04		0	0	0.000000	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	Clinic	0	0	0.000000	0	0
60.01	Diabetes Clinic	251,476	296,085	0.849336	0	0
60.02	OP Surgery Center	4,993,062	17,076,175	0.292399	0	0
61.00	Emergency	13,678,865	54,700,776	0.250067	0	0
62.00	Observation Beds	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
88.00	Interest Expense	0	0	0.000000	0	0
<b>TOTAL</b>		<b>\$ 128,056,346</b>	<b>\$ 813,702,334</b>		<b>\$ 1,096,240</b>	<b>\$ 116,476</b>

(To Schedule 3)

\* From Schedule 8, Column 27





## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
HSC30222F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>27,709,451</u>	\$ <u>24,622,076</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>27,709,451</u>	\$ <u>24,622,076</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>27,709,451</u>	\$ <u>24,622,076</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adjs 19,20,21)	\$ <u>0</u>	\$ <u>(64,228)</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>(64,228)</u>
	(To Summary of Findings)	



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

**Provider Name:**  
**SHARP CHULA VISTA MEDICAL CENTER**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2008**

**Provider No:**  
**HSC30222F**

<b>REPORTED</b>
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<b>AUDITED</b>
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**REASONABLE COST OF MEDI-CAL INPATIENT SERVICES**

1. Cost of Covered Services (Contract Sch 3)	\$ <u>27,709,451</u>	\$ <u>25,449,912</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adj 15)	\$ <u>49,716,503</u>	\$ <u>46,378,258</u>
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3. Inpatient Ancillary Service Charges (Adj 15)	\$ <u>90,682,735</u>	\$ <u>83,085,467</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>140,399,238</u>	\$ <u>129,463,725</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>112,689,788</u>	\$ <u>104,013,813</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
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(To Contract Sch 1)

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

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

**Provider Name:**  
**SHARP CHULA VISTA MEDICAL CENTER**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2008**

**Provider No:**  
**HSC30222F**

	<b>REPORTED</b>	<b>AUDITED</b>
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>13,337,316</u>	\$ <u>12,008,344</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>14,372,135</u>	\$ <u>13,441,568</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>27,709,451</u>	\$ <u>25,449,912</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>27,709,451</u>	\$ <u>25,449,912</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 16)	\$ <u>0</u>	\$ <u>(775,051)</u>
10. Deductibles (Adj 16)	\$ <u>0</u>	\$ <u>(52,785)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>27,709,451</u>	\$ <u>24,622,076</u>
	(To Contract Sch 1)	

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

**Provider Name:**  
**SHARP CHULA VISTA MEDICAL CENTER**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2008**

**Provider No:**  
**HSC30222F**

**GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS**

	<b>REPORTED</b>	<b>AUDITED</b>
<b>INPATIENT DAYS</b>		
1. Total Inpatient Days (include private & swing-bed) (Adj )	57,925	57,925
2. Inpatient Days (include private, exclude swing-bed)	57,925	57,925
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	57,925	57,925
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 13)	10,586	9,365

**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)	\$ 49,482,483	\$ 49,508,148
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)	\$ 49,482,483	\$ 49,508,148

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj )	\$ 192,004,551	\$ 192,004,551
29. Private Room Charges (excluding swing-bed charges)(Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj )	\$ 192,004,551	\$ 192,004,551
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.257715	\$ 0.257849
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)	\$ 3,314.71	\$ 3,314.71
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)	\$ 49,482,483	\$ 49,508,148

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 854.25	\$ 854.69
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 9,043,091	\$ 8,004,172
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 5,329,044	\$ 5,437,396
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 14,372,135	\$ 13,441,568

(To Contract Sch 3)

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

**Provider Name:**  
**SHARP CHULA VISTA MEDICAL CENTER**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2008**

**Provider No:**  
**HSC30222F**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,324,703	\$ 1,297,922
2. Total Inpatient Days (Adj )	5,408	5,408
3. Average Per Diem Cost	\$ 244.95	\$ 240.00
4. Medi-Cal Inpatient Days (Adj 13)	1,251	1,205
5. Cost Applicable to Medi-Cal	\$ 306,432	\$ 289,200
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 17,644,309	\$ 17,644,069
7. Total Inpatient Days (Adj )	9,174	9,174
8. Average Per Diem Cost	\$ 1,923.30	\$ 1,923.27
9. Medi-Cal Inpatient Days (Adj 13)	1,924	2,091
10. Cost Applicable to Medi-Cal	\$ 3,700,429	\$ 4,021,558
<b>CORONARY CARE UNIT</b>		
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
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 29.01, Col 27)	\$ 2,799,304	\$ 2,799,290
17. Total Inpatient Days (Adj )	1,861	1,861
18. Average Per Diem Cost	\$ 1,504.19	\$ 1,504.19
19. Medi-Cal Inpatient Days (Adj 13)	879	749
20. Cost Applicable to Medi-Cal	\$ 1,322,183	\$ 1,126,638
<b>SURGICAL INTENSIVE CARE UNIT</b>		
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)	\$ 5,329,044	\$ 5,437,396

(To Contract Sch 4)

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

**Provider Name:**  
**SHARP CHULA VISTA MEDICAL CENTER**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2008**

**Provider No:**  
**HSC30222F**

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

(To Contract Sch 4)









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

**Provider Name:**  
**SHARP CHULA VISTA MEDICAL CENTER**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2008**

**Provider No:**  
**LTC55216F**

	<b>REPORTED</b>	<b>AUDITED</b>	<b>DIFFERENCE</b>
<b>COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM</b>			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 279,607	\$ 279,606	\$ (1)
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 11,296,142	\$ 11,295,787	\$ (355)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 11,575,749	\$ 11,575,393	\$ (356)
4. Total Distinct Part Patient Days (Adj 6)	33,363	33,695	332
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 346.96	\$ 343.53	\$ (3.43)
<b>DPNF OVERPAYMENT AND OVERBILLINGS</b>			
6. Medi-Cal Overpayments (Adj 18)	\$ 0	\$ (38,480)	\$ (38,480)
7. Medi-Cal Credit Balances (Adj )	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (38,480)	\$ (38,480)
	(To Summary of Findings)		
<b>GENERAL INFORMATION</b>			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	100	100	0
10. Total Licensed Capacity (All levels) (Adj )	343	343	0
11. Total Medi-Cal DP Patient Days (Adj 17)	22,860	22,958	98
<b>CAPITAL RELATED COST</b>			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 532,794	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 532,794	N/A
<b>TOTAL SALARY &amp; BENEFITS</b>			
15. Direct Salary & Benefits Expenses	N/A	\$ 5,254,467	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,453,526	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 6,707,993	N/A

## SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
LTC55216F

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED	DIFFERENCE
0.00	Distinct Part	\$ 6,123,553	\$ 6,123,553	\$ 0
1.01	Old Cap Rel Costs-Bldg and Fixtures		0	0
1.02	Old Cap Rel Costs-Bldg-SNF		0	0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.01	Cap Rel Costs-Bldg and Fixtures		0	0
3.02	Cap Rel Costs-Bldg and Fixtures-SNF	99,913	99,913	0
4.00	New Cap Rel Costs-Movable Equipment	220,366	220,366	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	635,249	635,248	(1)
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	1,033,673	1,033,677	4
7.00	Maintenance and Repairs	148,421	148,422	1
8.00	Operation of Plant	666,571	666,571	(0)
9.00	Laundry and Linen Service	227,806	227,806	(0)
10.00	Housekeeping	375,666	375,336	(330)
11.00	Dietary	1,152,277	1,152,256	(21)
12.00	Cafeteria	55,946	55,943	(3)
13.00			0	0
14.00	Nursing Administration	230,248	230,247	(1)
15.00	Central Services and Supply	27,010	27,010	(0)
16.00	Pharmacy		0	0
17.00	Medical Records and Library	75,289	75,290	1
18.00	Social Service	223,942	223,940	(2)
19.00	Central Transport	212	212	(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
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 11,296,142	\$ 11,295,787	\$ (355)

(To DPNF Sch 1)





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

**Provider Name:**  
**SHARP CHULA VISTA MEDICAL CENTER**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2008**

**Provider No:**  
**LTC55216F**

<b>COL.</b>	<b>COST CENTER</b>	<b>AUDITED CAP RELATED (COL 1)</b>	<b>AUDITED SAL &amp; EMP BENEFITS (COL 2)</b>
1.01	Old Cap Rel Costs-Bldg and Fixtures	\$ 0	\$ N/A
1.02	Old Cap Rel Costs-Bldg-SNF	0	N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.01	Cap Rel Costs-Bldg and Fixtures	0	N/A
3.02	Cap Rel Costs-Bldg and Fixtures-SNF	99,913	N/A
4.00	New Cap Rel Costs-Movable Equipment	220,366	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	1,642	633,606
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	44,865	181,680
7.00	Maintenance and Repairs	2,041	3,324
8.00	Operation of Plant	65,030	89,382
9.00	Laundry and Linen Service	6,476	5,605
10.00	Housekeeping	5,899	8,709
11.00	Dietary	64,040	132,425
12.00	Cafeteria	9,161	5,506
13.00		0	0
14.00	Nursing Administration	5,490	183,571
15.00	Central Services and Supply	1,678	4,625
16.00	Pharmacy	0	0
17.00	Medical Records and Library	2,315	38,561
18.00	Social Service	3,875	166,359
19.00	Central Transport	2	175
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
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 532,794	\$ 1,453,526

(To DPNF SCH 1)

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	NET EXP FOR COST ALLOC (From Sch 10)	OLD BLDG SNF	OLD BLDG SNF	OLD MOVBLE EQUIP	BLDG & FIXTURES	BLDG & FIXTURES	BLDG & FIX-SNF	NEW MOVBLE EQUIP	4.03	4.04	4.05	4.06	4.07
	0.00	1.02	1.01	2.00	3.01	3.02	3.02	4.00	4.03	4.04	4.05	4.06	4.07
	0.00	1.02	1.01	2.00	3.01	3.02	3.02	4.00	4.03	4.04	4.05	4.06	4.07
<b>GENERAL SERVICE COST CENTER</b>													
1.01 Old Cap Rel Costs-Bldg and Fixtures	0												
1.02 Old Cap Rel Costs-Bldg-SNF	0												
2.00 Old Cap Rel Costs-Movable Equipmer	0												
3.01 Cap Rel Costs-Bldg and Fixtures	5,899,179												
3.02 Cap Rel Costs-Bldg and Fixtures-SNF	126,090												
4.00 New Cap Rel Costs-Movable Equipme	2,417,615												
4.03	0												
4.04	0												
4.05	0												
4.06	0												
4.07	0												
4.08	0												
5.00 Employee Benefits	11,386,081				17,975			11,532					
6.01	0												
6.02	0												
6.03	0												
6.04	0												
6.05	0												
6.06	0												
6.07	0												
6.08	0												
6.00 Administrative and General	25,518,820				850,063	14,600		315,223					
7.00 Maintenance and Repairs	1,184,636				8,535			2,734					
8.00 Operation of Plant	4,332,397				384,154	6,299		136,942					
9.00 Laundry and Linen Service	1,193,846				19,398	1,446		9,403					
10.00 Housekeeping	2,742,554				22,605	199		7,680					
11.00 Dietary	3,628,214				166,123	710		54,777					
12.00 Cafeteria	0				86,307			27,645					
13.00 Nursing Administration	0				0	0		0					
14.00 Central Services and Supply	1,240,757				20,381	0		6,528					
15.00 Pharmacy	3,494,114				186,736	0		59,814					
16.00 Medical Records and Library	5,086,566				72,651	0		23,271					
17.00 Social Service	5,784,281				127,767	766		42,615					
18.00 Central Transport	520,835				3,776	530		2,378					
19.00	316,388				0	0		0					
19.02	0				0	0		0					
19.03	0				0	0		0					
20.00	0				0	0		0					
21.00	0				0	0		0					
22.00	0				0	0		0					
23.00	0				0	0		0					
24.00 Paramedical Ed Program	196,339				4,552	0		1,458					
<b>INPATIENT ROUTINE COST CENTERS</b>													
25.00 Adults & Pediatrics (Gen Routine)	29,369,261				2,133,111	0		683,259					
26.00 Intensive Care Unit	11,731,563				493,868	0		158,191					
29.01 Neonatal Intensive Care Unit	2,028,166				28,062	0		8,989					
30.00	0				0	0		0					
31.01	0				0	0		0					
31.02	0				0	0		0					
31.03	0				0	0		0					
32.00 Nursery	886,838				0	0		0					
33.00	0				0	0		0					
34.00	0				0	0		0					
35.00 Nursing Facility (DPNF)	6,123,553				25,450	99,913		8,152					
36.00	0				0	0		220,366					
36.01	0				0	0		0					
36.02	0				0	0		0					

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.01	OLD BLDG SNF 1.02	OLD MOVBLE EQUIP 2.00	BLDG & FIXTURES 3.01	BLDG & FIX—SNF 3.02	NEW MOVBLE EQUIP 4.00	4.03	4.04	4.05	4.06	4.07
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	8,883,925	0	0	0	278,138	0	102,305	0	0	0	0	0
38.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Radiology-Diagnostic	5,039,947	0	0	0	74,332	0	23,809	0	0	0	0	0
41.00 Medical Imaging Center	8,155,177	0	0	0	232,049	0	74,328	0	0	0	0	0
41.01 MRI	0	0	0	0	0	0	0	0	0	0	0	0
41.02 MRI	1,729,871	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology-Therapeutic	2,014,099	0	0	0	133,509	0	42,764	0	0	0	0	0
42.01 Infusion Center	552,161	0	0	0	0	0	10,811	0	0	0	0	0
43.01 Nuclear Medicine	705,729	0	0	0	22,191	0	7,108	0	0	0	0	0
44.00 Laboratory	10,189,328	0	0	0	137,854	0	44,802	0	0	0	0	0
44.01 Laboratory-Pathological	518,924	0	0	0	37,554	0	12,029	0	0	0	0	0
49.00 Respiratory Therapy	3,171,573	0	0	0	13,811	0	4,424	0	0	0	0	0
50.00 Physical Therapy	1,711,562	0	0	0	1,526	1,022	31,323	0	0	0	0	0
51.00 Occupational Therapy	487,580	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	176,280	0	0	0	0	0	0	0	0	0	0	0
52.01 Audiology	64,679	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	3,664,399	0	0	0	39,209	0	12,559	0	0	0	0	0
54.00 Electroencephalography	79,116	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	16,587,848	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	8,508,397	0	0	0	0	0	0	0	0	0	0	0
58.01 Renal Dialysis	1,799,424	0	0	0	1,500	0	480	0	0	0	0	0
58.02	0	0	0	0	0	0	0	0	0	0	0	0
58.03	0	0	0	0	0	0	0	0	0	0	0	0
58.04	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Diabetes Clinic	201,820	0	0	0	5,587	0	1,789	0	0	0	0	0
60.02 OP Surgery Center	3,256,141	0	0	0	0	0	105,834	0	0	0	0	0
61.00 Emergency	9,498,758	0	0	0	198,944	0	63,724	0	0	0	0	0
62.00 Observation Beds	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
88.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00 Gift, Flower, Coffee Shop and Canteen	30,375	0	0	0	66,263	0	21,225	0	0	0	0	0
96.01 Foundation	389,956	0	0	0	0	0	0	0	0	0	0	0
96.02 Senior Program	0	0	0	0	0	605	1,334	0	0	0	0	0
96.06 Physicians Condo	3,356	0	0	0	0	0	0	0	0	0	0	0
96.07 Unused Land	45,466	0	0	0	0	0	0	0	0	0	0	0
96.08 Doctor's Lounge	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Other Nonallowable Cost	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Van Services	165,068	0	0	0	5,199	0	1,665	0	0	0	0	0
100.05 Other Nonreimbursable Cost	0	0	0	0	0	0	0	0	0	0	0	0
100.06 Rehab Therapies VA	131,731	0	0	0	0	0	0	0	0	0	0	0
100.07 O/P Imaging Center	485,381	0	0	0	0	0	74,345	0	0	0	0	0
100.08 Patient TV and Phone	137,487	0	0	0	0	0	0	0	0	0	0	0
100.09	0	0	0	0	0	0	0	0	0	0	0	0
100.10	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	213,593,651	0	0	0	5,899,179	126,090	2,417,615	0	0	0	0	0





STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

TRIAL BALANCE EXPENSES	4.08	EMPLOYEE BENEFITS 5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00	
												ADMINIS-TRATIVE & GENERAL 6.00	ACCUMULATE COST
<b>ANCILLARY COST CENTERS</b>													
37.00 Operating Room	0	607,270	0	0	0	0	0	0	0	0	9,871,638	1,441,442	0
38.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Radiology-Diagnostic	0	477,943	0	0	0	0	0	0	0	0	5,616,032	820,044	0
41.00 Medical Imaging Center	0	617,022	0	0	0	0	0	0	0	0	9,078,576	1,325,640	0
41.02 MRI	0	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology-Therapeutic	0	135,427	0	0	0	0	0	0	0	0	1,729,871	252,593	0
42.01 Infusion Center	0	51,397	0	0	0	0	0	0	0	0	2,325,798	339,610	0
43.01 Nuclear Medicine	0	65,024	0	0	0	0	0	0	0	0	614,369	89,709	0
44.00 Laboratory	0	512,656	0	0	0	0	0	0	0	0	800,052	116,822	0
44.01 Laboratory-Pathological	0	20,646	0	0	0	0	0	0	0	0	10,884,640	1,589,359	0
49.00 Respiratory Therapy	0	289,479	0	0	0	0	0	0	0	0	589,154	86,027	0
50.00 Physical Therapy	0	166,862	0	0	0	0	0	0	0	0	3,479,288	508,040	0
51.00 Occupational Therapy	0	52,729	0	0	0	0	0	0	0	0	1,912,295	279,230	0
52.00 Speech Pathology	0	18,712	0	0	0	0	0	0	0	0	540,309	78,895	0
52.01 Audiology	0	6,513	0	0	0	0	0	0	0	0	194,992	28,472	0
53.00 Electrocardiology	0	145,092	0	0	0	0	0	0	0	0	71,192	10,395	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	3,861,259	563,815	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	79,116	11,552	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	16,587,848	2,422,132	0
58.01 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	8,508,397	1,242,383	0
58.02	0	0	0	0	0	0	0	0	0	0	1,801,405	263,038	0
58.03	0	0	0	0	0	0	0	0	0	0	0	0	0
58.04	0	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	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	0
59.03	0	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	0
60.01 Diabetes Clinic	0	0	0	0	0	0	0	0	0	0	209,196	30,546	0
60.02 OP Surgery Center	0	210,383	0	0	0	0	0	0	0	0	3,572,357	521,630	0
61.00 Emergency	0	967,832	0	0	0	0	0	0	0	0	10,729,258	1,566,670	0
62.00 Observation Beds	0	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	0
83.00	0	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	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTE</b>													
96.00 Gift, Flower, Coffee Shop and Canteen	0	2,927	0	0	0	0	0	0	0	0	120,790	17,638	0
96.01 Foundation	0	10,694	0	0	0	0	0	0	0	0	400,650	58,502	0
96.02 Senior Program	0	0	0	0	0	0	0	0	0	0	1,939	283	0
96.06 Physicians Condo	0	0	0	0	0	0	0	0	0	0	3,356	490	0
96.07 Unused Land	0	0	0	0	0	0	0	0	0	0	45,466	6,639	0
96.08 Doctor's Lounge	0	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Other Nonallowable Cost	0	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Van Services	0	12,291	0	0	0	0	0	0	0	0	177,359	25,898	0
100.05 Other Nonreimbursable Cost	0	0	0	0	0	0	0	0	0	0	6,864	1,002	0
100.06 Rehab Therapies VA	0	14,816	0	0	0	0	0	0	0	0	146,547	21,399	0
100.07 O/P Imaging Center	0	0	0	0	0	0	0	0	0	0	559,726	81,730	0
100.08 Patient TV and Phone	0	5,569	0	0	0	0	0	0	0	0	143,056	20,889	0
100.09	0	0	0	0	0	0	0	0	0	0	0	0	0
100.10	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>11,415,588</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>213,593,651</b>	<b>27,214,762</b>	<b>0</b>



STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE									
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00										
<b>ANCILLARY COST CENTERS</b>																						
37.00	Operating Room	60,005	269,485	72,714	151,743	13,354	32,620	0	75,081	289,702	0	438,762	9,809									
38.00		0	0	0	0	0	0	0	0	0	0	0	0									
39.00	Delivery Room and Labor Room	16,036	72,020	13,501	40,553	2,169	26,738	0	75,527	104,649	0	181,735	0									
41.00	Radiology-Diagnostic	50,062	224,830	60,986	126,598	4,800	40,445	0	15,933	216,581	0	714,468	0									
41.01	Medical Imaging Center	0	0	0	0	0	0	0	0	0	0	0	0									
41.02	MRI	0	0	0	0	0	0	0	0	0	0	0	0									
42.00	Radiology-Therapeutic	28,803	129,355	14,441	72,838	0	6,653	0	4,339	7,273	0	66,992	0									
42.01	Infusion Center	0	0	0	0	1,791	2,649	0	9,759	2,223	0	126,260	0									
43.01	Nuclear Medicine	4,787	21,501	7,031	12,107	0	3,573	0	20	1,073	0	51,204	0									
44.00	Laboratory	29,740	133,565	0	75,208	231	37,288	0	2,004	76,400	0	896,725	0									
44.01	Laboratory-Pathological	8,102	36,386	0	20,488	0	1,634	0	0	616	0	18,928	0									
49.00	Respiratory Therapy	2,980	13,382	1,588	7,535	426	21,268	0	11	67,870	0	196,939	0									
50.00	Physical Therapy	1,847	8,295	14,697	7,493	0	10,758	0	0	864	0	43,300	0									
51.00	Occupational Therapy	0	0	0	0	0	2,832	0	0	1,329	0	14,464	0									
52.00	Speech Pathology	0	0	0	0	0	903	0	0	0	0	5,023	0									
52.01	Audiology	0	0	0	0	0	776	0	399	1,150	0	4,119	0									
53.00	Electrocardiology	8,459	37,990	9,294	21,391	219	8,048	0	7,085	324,774	0	239,335	0									
54.00	Electroencephalography	0	0	0	0	0	0	0	0	43	0	7,046	0									
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	3,248,682	0	735,019	0									
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	6,673,943	1,378,588	0									
58.01	Renal Dialysis	324	1,453	0	818	0	0	0	0	0	0	48,115	0									
58.02		0	0	0	0	0	0	0	0	0	0	0	0									
58.03		0	0	0	0	0	0	0	0	0	0	0	0									
58.04		0	0	0	0	0	0	0	0	0	0	0	0									
59.00		0	0	0	0	0	0	0	0	0	0	0	0									
59.01		0	0	0	0	0	0	0	0	0	0	0	0									
59.02		0	0	0	0	0	0	0	0	0	0	0	0									
59.03		0	0	0	0	0	0	0	0	0	0	0	0									
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0									
60.01	Diabetes Clinic	1,205	5,413	0	3,048	0	0	0	0	0	0	2,067	0									
60.02	OP Surgery Center	71,281	320,129	73,071	180,260	22,820	13,225	0	30,734	41,090	0	119,227	0									
61.00	Emergency	42,920	192,754	115,795	108,537	223,185	57,805	0	176,645	64,520	0	381,925	17,863									
62.00	Observation Beds	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									
88.00	Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0									
<b>NONREIMBURSABLE COST CENTE</b>																						
96.00	Gift, Flower, Coffee Shop and Canteen	14,295	64,201	0	36,151	3,716	249	0	0	0	0	0	0									
96.01	Foundation	0	0	0	0	2,790	802	0	0	0	0	0	0									
96.02	Senior Program	898	4,035	0	2,272	0	0	0	0	0	0	0	0									
96.06	Physicians Condo	0	0	0	0	0	0	0	0	0	0	0	0									
96.07	Unused Land	0	0	0	0	0	0	0	0	0	0	0	0									
96.08	Doctor's Lounge	0	0	0	0	267,729	15,432	0	0	0	0	0	0									
100.00	Other Nonallowable Cost	0	0	0	0	11,124	314,536	0	0	0	0	0	0									
100.01	Van Services	0	0	0	0	1,553	0	0	0	0	0	0	0									
100.05	Other Nonreimbursable Cost	1,122	5,037	0	2,836	0	0	0	0	0	0	0	0									
100.06	Rehab Therapies VA	0	0	0	0	0	858	0	0	0	0	0	0									
100.07	O/P Imaging Center	50,073	224,880	0	126,626	0	0	0	0	0	0	0	0									
100.08	Patient TV and Phone	0	0	0	0	0	655	0	0	0	0	0	0									
100.09		0	0	0	0	0	0	0	0	0	0	0	0									
100.10		0	0	0	0	0	0	0	0	0	0	0	0									
<b>TOTAL</b>											<b>1,370,529</b>	<b>5,740,929</b>	<b>1,437,608</b>	<b>3,206,355</b>	<b>4,760,005</b>	<b>1,000,841</b>	<b>0</b>	<b>1,652,542</b>	<b>4,702,284</b>	<b>6,673,943</b>	<b>7,561,711</b>	<b>680,955</b>



STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	19.00	19.02	19.03	20.00	21.00	22.00	23.00	PARAMED EDUCAT 24.00	SUBTOTAL	POST STEP-DOWN ADJUSTMENT	TOTAL COST
<b>TRIAL BALANCE EXPENSES</b>											
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	346,311	0	0	0	0	0	0	0	13,072,665	0	13,072,665
38.00	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	6,969,003	0	6,969,003
41.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	11,858,918	0	11,858,918
41.01 Medical Imaging Center	0	0	0	0	0	0	0	0	0	0	0
41.02 MRI	0	0	0	0	0	0	0	0	2,049,456	0	2,049,456
42.00 Radiology-Therapeutic	1,623	0	0	0	0	0	0	0	3,056,993	0	3,056,993
42.01 Infusion Center	0	0	0	0	0	0	0	0	731,590	0	731,590
43.01 Nuclear Medicine	212	0	0	0	0	0	0	0	1,018,381	0	1,018,381
44.00 Laboratory	0	0	0	0	0	0	0	0	13,725,161	0	13,725,161
44.01 Laboratory-Pathological	0	0	0	0	0	0	0	0	761,334	0	761,334
49.00 Respiratory Therapy	988	0	0	0	0	0	0	0	4,300,313	0	4,300,313
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,278,779	0	2,278,779
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	637,828	0	637,828
52.00 Speech Pathology	0	0	0	0	0	0	0	0	229,391	0	229,391
52.01 Audiology	0	0	0	0	0	0	0	0	88,031	0	88,031
53.00 Electrocardiology	0	0	0	0	0	0	0	0	5,081,670	0	5,081,670
54.00 Electroencephalography	0	0	0	0	0	0	0	0	97,757	0	97,757
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	22,993,681	0	22,993,681
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	263,526	18,066,837	0	18,066,837
58.01 Renal Dialysis	0	0	0	0	0	0	0	0	2,115,153	0	2,115,153
58.02	0	0	0	0	0	0	0	0	0	0	0
58.03	0	0	0	0	0	0	0	0	0	0	0
58.04	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01 Diabetes Clinic	0	0	0	0	0	0	0	0	251,476	0	251,476
60.02 OP Surgery Center	27,236	0	0	0	0	0	0	0	4,993,062	0	4,993,062
61.00 Emergency	988	0	0	0	0	0	0	0	13,678,865	0	13,678,865
62.00 Observation Beds	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
88.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTER:</b>											
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	257,039	0	257,039
96.01 Foundation	0	0	0	0	0	0	0	0	462,744	0	462,744
96.02 Senior Program	0	0	0	0	0	0	0	0	9,426	0	9,426
96.06 Physicians Condo	0	0	0	0	0	0	0	0	3,846	0	3,846
96.07 Unused Land	0	0	0	0	0	0	0	0	52,105	0	52,105
96.08 Doctor's Lounge	0	0	0	0	0	0	0	0	283,161	0	283,161
100.00 Other Nonallowable Cost	0	0	0	0	0	0	0	0	325,660	0	325,660
100.01 Van Services	0	0	0	0	0	0	0	0	204,809	0	204,809
100.05 Other Nonreimbursable Cost	0	0	0	0	0	0	0	0	16,861	0	16,861
100.06 Rehab Therapies VA	0	0	0	0	0	0	0	0	168,803	0	168,803
100.07 O/P Imaging Center	0	0	0	0	0	0	0	0	1,043,035	0	1,043,035
100.08 Patient TV and Phone	0	0	0	0	0	0	0	0	164,599	0	164,599
100.09	0	0	0	0	0	0	0	0	0	0	0
100.10	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>411,085</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>263,526</b>	<b>213,593,651</b>	<b>0</b>	<b>213,593,651</b>









STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	EMP BENE (GROSS SALARIES) 5.00 (Adj 2)	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	
<b>ANCILLARY COST CENTERS</b>												
37.00	Operating Room	5,023,052								9,871,638	10,754	
38.00	Delivery Room and Labor Room	3,953,317								0	2,874	
39.00	Radiology-Diagnostic	5,103,710								9,078,576	8,972	
41.00	Medical Imaging Center									0		
41.01	MRI									1,729,871		
42.00	Radiology-Therapeutic	1,120,185								2,325,798	5,162	
42.01	Infusion Center	425,128								614,369		
43.01	Nuclear Medicine	537,845								800,052	858	
44.00	Laboratory	4,240,451								10,884,640	5,330	
44.01	Laboratory-Pathological	170,778								589,154	1,452	
49.00	Respiratory Therapy	2,394,437								3,479,288	534	
50.00	Physical Therapy	1,380,202								1,912,295	331	
51.00	Occupational Therapy	436,147								540,309		
52.00	Speech Pathology	154,777								194,992		
52.01	Audiology	53,871								71,192		
53.00	Electrocardiology	1,200,129								3,861,259	1,516	
54.00	Electroencephalography									79,116		
55.00	Medical Supplies Charged to Patients									16,587,848		
56.00	Drugs Charged to Patients									8,508,397		
58.01	Renal Dialysis									1,801,405	58	
58.02										0		
58.03										0		
58.04										0		
59.00										0		
59.01										0		
59.02										0		
59.03										0		
60.00	Clinic									0		
60.01	Diabetes Clinic									209,196	216	
60.02	OP Surgery Center	1,740,186								3,572,357	12,775	
61.00	Emergency	8,005,448								10,729,258	7,692	
62.00	Observation Beds									0		
82.00										0		
83.00										0		
84.00										0		
85.00										0		
88.00	Interest Expense									0		
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00	Gift, Flower, Coffee Shop and Canteen	24,212								120,790	2,562	
96.01	Foundation	88,453								400,650		
96.02	Senior Program									1,939	161	
96.06	Physicians Condo									3,356		
96.07	Unused Land									45,466		
96.08	Doctor's Lounge									0		
100.00	Other Nonallowable Cost									0		
100.01	Van Services	101,662								177,359	201	
100.05	Other Nonreimbursable Cost									6,864		
100.06	Rehab Therapies VA	122,550								146,547		
100.07	O/P Imaging Center									559,726	8,974	
100.08	Patient TV and Phone	46,063								143,056		
100.10										0		
TOTAL		94,424,345	0	0	0	0	0	0	0	186,378,889	245,625	
COST TO BE ALLOCATED		11,415,588	0	0	0	0	0	0	0	27,214,762	1,370,529	
UNIT COST MULTIPLIER - SCH 8		0.120697	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.146018	5.579762	



STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00 (Adj 3)	HOUSE-KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (FTE'S SERVED) 12.00 (Adj 4)	13.00	NURSING ADMIN (NURSE HR) 14.00 (Adj 5)	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS CHARGES) 17.00	SOC SERV (TIME SPENT) 18.00	CNTRL TRANS (TRANSPORT CONTACTS) 19.00
<b>ANCILLARY COST CENTERS</b>												
37.00	10,754	91,464	10,754	1,096	6,428		56,619	1,479,225		62,841,271	218	4,908
38.00												
39.00	2,874	16,982	2,874	178	5,269		56,955	534,341		26,028,746		
41.00	8,972	76,712	8,972	394	7,970		12,015	1,105,867		102,328,917		
41.01												
41.02												
42.00	5,162	18,165	5,162		1,311		3,272	37,136		9,594,876		23
42.01				147	522		7,359	11,353		18,083,514		
43.01	858	8,844	858		704		15	5,480		1,588,355		3
44.00	5,330		5,330	19	7,348		1,511	390,101		7,333,622		
44.01	1,452		1,452		322			3,144		128,432,483		
49.00	534	1,998	534	35	4,191		8	346,545		2,710,898		14
50.00	331	18,487	531		2,120			4,411		28,206,311		
51.00					558			6,767		2,071,533		
52.00					178					719,431		
52.01					153			5,872		589,869		
53.00	1,516	11,691	1,516	18	1,586		5,343	1,658,305		34,278,459		
54.00								218		1,009,173		
55.00								16,587,848	8,508,397	105,272,241		
56.00										197,446,789		
58.01	58		58							6,891,213		
58.02												
58.03												
58.04												
59.00												
59.01												
59.02												
59.03												
60.00												
60.01	216		216							296,085		
60.02	12,775	91,913	12,775	1,873	2,606		23,177	209,808		17,076,175		386
61.00	7,692	145,655	7,692	18,318	11,391		133,209	329,442		54,700,776	397	14
62.00												
82.00												
83.00												
84.00												
85.00												
88.00												
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00	2,562		2,562	305	49							
96.01				229	158							
96.02	161		161									
96.06												
96.07												
96.08				21,974	3,041							
100.00				913	61,982							
100.01					306							
100.05	201		201		169							
100.06												
100.07	8,974		8,974		129							
100.08												
100.09												
100.10												
TOTAL	229,096	1,808,316	227,234	390,680	197,224	0	1,246,188	24,009,976	8,508,397	1,083,017,750	15,134	5,826
COST TO BE ALLOCATED	5,740,929	1,437,608	3,206,355	4,760,005	1,000,841	0	1,652,542	4,702,284	6,673,943	7,561,711	680,955	411,085
UNIT COST MULTIPLIER - SCH 8	25.059054	0.794998	14.110365	12.183898	5.074640	0.000000	1.326077	0.195847	0.784395	0.006982	44.995027	70.560461

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

PARAMED  
EDUCAT  
(RESID HR) 24.00

19.02 19.03 20.00 21.00 22.00 23.00

**GENERAL SERVICE COST CENTERS**

- Old Cap Rel Costs-Bldg and Fixtures
- Old Cap Rel Costs-Bldg-SNF
- Old Cap Rel Costs-Movable Equipment
- Cap Rel Costs-Bldg and Fixtures
- Cap Rel Costs-Bldg and Fixtures-SNF
- New Cap Rel Costs-Movable Equipment

Employee Benefits

- Administrative and General
- Maintenance and Repairs
- Operation of Plant
- Laundry and Linen Service
- Housekeeping
- Dietary
- Cafeteria
- Nursing Administration
- Central Services and Supply
- Pharmacy
- Medical Records and Library
- Social Service
- Central Transport

**PARAMEDICAL ED PROGRAM**  
**INPATIENT ROUTINE COST CENTERS**

- Adults & Pediatrics (Gen Routine)
- Intensive Care Unit
- Neonatal Intensive Care Unit
- Nursery
- Nursing Facility (DPNF)

1.01  
1.02  
2.00  
3.01  
3.02  
4.00  
4.03  
4.04  
4.05  
4.06  
4.07  
4.08  
5.00  
6.01  
6.02  
6.03  
6.04  
6.05  
6.06  
6.07  
6.08  
6.00  
7.00  
8.00  
9.00  
10.00  
11.00  
12.00  
13.00  
14.00  
15.00  
16.00  
17.00  
18.00  
19.00  
19.02  
19.03  
20.00  
21.00  
22.00  
23.00  
24.00  
25.00  
26.00  
29.01  
30.00  
31.01  
31.02  
31.03  
32.00  
33.00  
34.00  
35.00  
36.00  
36.02

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

PARAMED  
EDUCAT  
(RESID HR)  
24.00

19.02      19.03      20.00      21.00      22.00      23.00      24.00

**ANCILLARY COST CENTERS**

- 37.00 Operating Room
- 38.00 Delivery Room and Labor Room
- 39.00 Radiology-Diagnostic
- 41.00 Medical Imaging Center
- 41.01 MRI
- 42.00 Radiology-Therapeutic
- 42.01 Infusion Center
- 43.01 Nuclear Medicine
- 44.00 Laboratory
- 44.01 Laboratory-Pathological
- 49.00 Respiratory Therapy
- 50.00 Physical Therapy
- 51.00 Occupational Therapy
- 52.00 Speech Pathology
- 52.01 Audiology
- 53.00 Electrocardiology
- 54.00 Electroencephalography
- 55.00 Medical Supplies Charged to Patients
- 56.00 Drugs Charged to Patients
- 58.01 Renal Dialysis
- 58.02
- 58.03
- 58.04
- 59.00
- 59.01
- 59.02
- 59.03
- 60.00 Clinic
- 60.01 Diabetes Clinic
- 60.02 OP Surgery Center
- 61.00 Emergency
- 62.00 Observation Beds
- 82.00
- 83.00
- 84.00
- 85.00
- 88.00 Interest Expense

**NONREIMBURSABLE COST CENTERS**

- 96.00 Gift, Flower, Coffee Shop and Canteen
- 96.01 Foundation
- 96.02 Senior Program
- 96.06 Physicians Condo
- 96.07 Unused Land
- 96.08 Doctor's Lounge
- 100.00 Other Nonallowable Cost
- 100.01 Van Services
- 100.05 Other Nonreimbursable Cost
- 100.06 Rehab Therapies V/A
- 100.07 O/P Imaging Center
- 100.08 Patient TV and Phone
- 100.09
- 100.10

100

TOTAL  
COST TO BE ALLOCATED  
UNIT COST MULTIPLIER - SCH 8

0      0      0      0      0      0      0  
0      0      0      0      0      0      0  
0.000000      0.000000      0.000000      0.000000      0.000000      0.000000      0.000000

0      0      0      0      0      0      0  
263.526      0      0      0      0      0      0  
2635.259089

## TRIAL BALANCE OF EXPENSES

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.01	Old Cap Rel Costs-Bldg and Fixtures	\$	\$ 0	\$ 0
1.02	Old Cap Rel Costs-Bldg-SNF		0	0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.01	Cap Rel Costs-Bldg and Fixtures	5,899,179	0	5,899,179
3.02	Cap Rel Costs-Bldg and Fixtures-SNF	126,090	0	126,090
4.00	New Cap Rel Costs-Movable Equipment	2,417,615	0	2,417,615
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	11,386,081	0	11,386,081
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	25,518,820	0	25,518,820
7.00	Maintenance and Repairs	1,184,636	0	1,184,636
8.00	Operation of Plant	4,332,397	0	4,332,397
9.00	Laundry and Linen Service	1,193,846	0	1,193,846
10.00	Housekeeping	2,742,554	0	2,742,554
11.00	Dietary	3,628,214	0	3,628,214
12.00	Cafeteria		0	0
13.00			0	0
14.00	Nursing Administration	1,240,757	0	1,240,757
15.00	Central Services and Supply	3,494,114	0	3,494,114
16.00	Pharmacy	5,086,566	0	5,086,566
17.00	Medical Records and Library	5,784,281	0	5,784,281
18.00	Social Service	520,835	0	520,835
19.00	Central Transport	316,388	0	316,388
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	196,339	0	196,339
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults & Pediatrics (Gen Routine)	29,348,887	20,374	29,369,261
26.00	Intensive Care Unit	11,731,563	0	11,731,563
29.01	Neonatal Intensive Care Unit	2,028,166	0	2,028,166
30.00			0	0
31.01			0	0
31.02			0	0
31.03			0	0
32.00			0	0
33.00	Nursery	907,212	(20,374)	886,838
34.00			0	0
35.00	Nursing Facility (DPNF)	6,123,553	0	6,123,553
36.00			0	0
36.01			0	0
36.02			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

Fiscal Period Ended:  
SEPTEMBER 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 8,883,925	\$ 0	\$ 8,883,925
38.00			0	0
39.00	Delivery Room and Labor Room	5,039,947	0	5,039,947
41.00	Radiology-Diagnostic	8,155,177	0	8,155,177
41.01	Medical Imaging Center		0	0
41.02	MRI	1,729,871	0	1,729,871
42.00	Radiology-Therapeutic	2,014,099	0	2,014,099
42.01	Infusion Center	552,161	0	552,161
43.01	Nuclear Medicine	705,729	0	705,729
44.00	Laboratory	10,189,328	0	10,189,328
44.01	Laboratory-Pathological	518,924	0	518,924
49.00	Respiratory Therapy	3,171,573	0	3,171,573
50.00	Physical Therapy	1,711,562	0	1,711,562
51.00	Occupational Therapy	487,580	0	487,580
52.00	Speech Pathology	176,280	0	176,280
52.01	Audiology	64,679	0	64,679
53.00	Electrocardiology	3,664,399	0	3,664,399
54.00	Electroencephalography	79,116	0	79,116
55.00	Medical Supplies Charged to Patients	16,587,848	0	16,587,848
56.00	Drugs Charged to Patients	8,508,397	0	8,508,397
58.01	Renal Dialysis	1,799,424	0	1,799,424
58.02			0	0
58.03			0	0
58.04			0	0
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Diabetes Clinic	201,820	0	201,820
60.02	OP Surgery Center	3,256,141	0	3,256,141
61.00	Emergency	9,498,758	0	9,498,758
62.00	Observation Beds		0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
88.00	Interest Expense		0	0
	<b>SUBTOTAL</b>	\$ 212,204,831	\$ 0	\$ 212,204,831
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop and Canteen	30,375	0	30,375
96.01	Foundation	389,956	0	389,956
96.02	Senior Program		0	0
96.06	Physicians Condo	3,356	0	3,356
96.07	Unused Land	45,466	0	45,466
96.08	Doctor's Lounge		0	0
100.00	Other Nonallowable Cost		0	0
100.01	Van Services	165,068	0	165,068
100.05	Other Nonreimbursable Cost		0	0
100.06	Rehab Therapies VA	131,731	0	131,731
100.07	O/P Imaging Center	485,381	0	485,381
100.08	Patient TV and Phone	137,487	0	137,487
100.09			0	0
100.10			0	0
100.99	<b>SUBTOTAL</b>	\$ 1,388,820	\$ 0	\$ 1,388,820
101	<b>TOTAL</b>	\$ 213,593,651	\$ 0	\$ 213,593,651

(To Schedule 8)





Provider Name:  
SHARP CHULA VISTA MEDICAL CENTER

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	AUDIT ADJ
	(Page 1 & 2)	1																	
<b>ANCILLARY COST CENTERS</b>																			
37.00 Operating Room	0																		
38.00	0																		
39.00 Delivery Room and Labor Room	0																		
41.00 Radiology-Diagnostic	0																		
41.01 Medical Imaging Center	0																		
41.02 MRI	0																		
42.00 Radiology-Therapeutic	0																		
42.01 Infusion Center	0																		
43.01 Nuclear Medicine	0																		
44.00 Laboratory	0																		
44.01 Laboratory-Pathological	0																		
49.00 Respiratory Therapy	0																		
50.00 Physical Therapy	0																		
51.00 Occupational Therapy	0																		
52.00 Speech Pathology	0																		
52.01 Audiology	0																		
53.00 Electrocardiology	0																		
54.00 Electroencephalography	0																		
55.00 Medical Supplies Charged to Patients	0																		
56.00 Drugs Charged to Patients	0																		
58.01 Renal Dialysis	0																		
58.02	0																		
58.03	0																		
58.04	0																		
59.00	0																		
59.01	0																		
59.02	0																		
59.03	0																		
60.00 Clinic	0																		
60.01 Diabetes Clinic	0																		
60.02 OP Surgery Center	0																		
61.00 Emergency	0																		
62.00 Observation Beds	0																		
82.00	0																		
83.00	0																		
84.00	0																		
85.00	0																		
88.00 Interest Expense	0																		
<b>NONREIMBURSABLE COST CENTERS</b>																			
96.00 Gift, Flower, Coffee Shop and Canteen	0																		
96.01 Foundation	0																		
96.02 Senior Program	0																		
96.06 Physicians Condo	0																		
96.07 Unused Land	0																		
96.08 Doctor's Lounge	0																		
100.00 Other Nonallowable Cost	0																		
100.01 Van Services	0																		
100.05 Other Nonreimbursable Cost	0																		
100.06 Rehab Therapies VA	0																		
100.07 O/P Imaging Center	0																		
100.08 Patient TV and Phone	0																		
100.09	0																		
100.10	0																		
101.00 TOTAL	\$0	0	0	0	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 CHULA VISTA MEDICAL CENTER		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC30222F, 1396728630		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	As Adjusted	
			Part	Title	Line			Increase (Decrease)
1	10A	A		33.00	7	Nursery	\$907,212	\$886,838
	10A	A		25.00	7	Adults and Pediatrics	29,348,887	29,369,261
<p><b>RECLASSIFICATION OF REPORTED COSTS</b></p> <p>To reclassify Adults and Pediatrics expense from Nursery for proper cost determination.                      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, 2306, and 2336</p>								

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments		
SHARP CHULA VISTA MEDICAL CENTER		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC30222F, 1396728630		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>								
2	9	B-1	33.00	5	Nursery (Gross Salaries)	764,777	(17,072)	747,705
	9	B-1	25.00	5	Adults and Pediatrics To reclassify gross salaries statistics from Nursery to Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2336	25,104,853	17,072	25,121,925
3	9	B-1	33.00	9	Nursery (Pounds of Laundry)	25,915	(578)	25,337
	9	B-1	25.00	9	Adults and Pediatrics To reclassify pounds of laundry statistics from Nursery to Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2336	845,773	578	846,351
4	9	B-1	33.00	12	Nursery (Full Time Equivalents)	1,117	(19)	1,098
	9	B-1	25.00	12	Adults and Pediatrics To reclassify full time equivalents statistics from Nursery to Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2336	36,642	19	36,661
5	9	B-1	33.00	14	Nursery (Nursing Hours)	16,611	(377)	16,234
	9	B-1	25.00	14	Adults and Pediatrics To reclassify nursing hours statistics from Nursery to Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2336	541,914	377	542,291

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments		
SHARP CHULA VISTA MEDICAL CENTER		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC30222F, 1396728630		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
6	DPNF 1	D-1	I	XIX	1.00,4.00	1	33,363	33,695
<p><b>Explanation of Audit Adjustments</b></p> <p><b>ADJUSTMENT TO REPORTED PATIENT DAYS</b></p> <p>Nursing Facility (DPNF)</p> <p>To adjust total patient days to include bed hold and/or leave days based on the provider's records.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Sections 2300 and 2304</p> <p>CCR, Title 22, Sections 51535 and 51535.1</p>								

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments	
SHARP CHULA VISTA MEDICAL CENTER		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC30222F, 1396728630		21	
Report References		Explanation of Audit Adjustments		As Reported		As Adjusted	
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	
		Cost Report					
		Work Sheet	Part	Title	Line	Col.	
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—NONCONTRACT</b>							
7	4A 4A	DHS 3092 DHS 3092					123 \$318.19
				Medi-Cal Administrative Days			581
				Medi-Cal Average Administrative Day Rate			(\$13.66)
8	6	D-4	XIX	41.00	2		\$9,692
	6	D-4	XIX	41.02	2		2,115
	6	D-4	XIX	43.01	2		1,560
	6	D-4	XIX	44.00	2		67,347
	6	D-4	XIX	44.01	2		68
	6	D-4	XIX	50.00	2		2,696
	6	D-4	XIX	51.00	2		391
	6	D-4	XIX	52.00	2		0
	6	D-4	XIX	53.00	2		951
	6	D-4	XIX	56.00	2		170,198
	6	D-4	XIX	101.00	2		255,018
				Medi-Cal Routine Service Charges			\$352,191
				Medi-Cal Ancillary Service Charges			255,018
9	2	E-3	III	10.00	1		\$0
	2	E-3	III	11.00	1		0
10	3	E-3	III	33.00	1		\$566
	3	E-3	III	36.00	1		9,767
11	1	E-3	III	57.00	1		\$64,544
				Medi-Cal Interim Payments			\$232,430
				Medi-Cal Routine Service Charges			\$1,284,808
				Medi-Cal Ancillary Service Charges			841,222
				Medi-Cal Deductibles			\$566
				Medi-Cal Coinsurance			9,767
				Medi-Cal Interim Payments			\$232,430
				Medi-Cal Routine Service Charges			\$1,636,999
				Medi-Cal Ancillary Service Charges			1,096,240
				Medi-Cal Deductibles			\$566
				Medi-Cal Coinsurance			9,767
				Medi-Cal Interim Payments			\$232,430
				Medi-Cal Routine Service Charges			\$1,636,999
				Medi-Cal Ancillary Service Charges			1,096,240

To adjust Medi-Cal Settlement Data to agree with the following  
 HP Enterprise Services Provider Claims Data:  
 Provider Number ZT30222F and NPI 1396728630  
 Reports Dated: October 20, 2009  
 Payment Period: October 1, 2007 through October 20, 2009  
 Service Period: October 1, 2007 through September 30, 2008  
 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139  
 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408  
 CCR, Title 22, Section 51541

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments		
SHARP CHULA VISTA MEDICAL CENTER		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC30222F, 1396728630		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—CONTRACT</b>								
12	Contract 6	D-4	V	52.01	2	Medi-Cal Ancillary Charges—Audiology	\$138,671	\$0
	Contract 6	D-4	V	101.00	2	Medi-Cal Ancillary Charges—Total	90,682,735	(138,671) 90,544,064 *
To adjust reported Medi-Cal Settlement Data for proper cost finding.								
42 CFR 413.20, and 413.24								
CMS Pub. 15-1, Sections 2300 and 2304								
13	Contract 4	D-1	I	9.00	1	Medi-Cal Days—Adults and Pediatrics	10,586	(1,221) 9,365
	Contract 4A	D-1	V	42.00	4	Medi-Cal Days—Nursery	1,251	(46) 1,205
	Contract 4A	D-1	V	43.00	4	Medi-Cal Days—Intensive Care Unit	1,924	167 2,091
	Contract 4A	D-1	V	46.01	4	Medi-Cal Days—Neonatal Intensive Care Unit	879	(130) 749
14	Contract 6	D-4	V	37.00	2	Medi-Cal Ancillary Charges—Operating Room	\$10,231,813	(\$2,653,998) \$7,577,815
	Contract 6	D-4	V	39.00	2	Medi-Cal Ancillary Charges—Delivery Room and Labor Room	5,559,285	(1,828,129) 3,731,156
	Contract 6	D-4	V	41.00	2	Medi-Cal Ancillary Charges—Radiology-Diagnostic	9,887,180	(4,206,686) 5,680,494
	Contract 6	D-4	V	41.02	2	Medi-Cal Ancillary Charges—MRI	1,311,758	(141,149) 1,170,609
	Contract 6	D-4	V	42.00	2	Medi-Cal Ancillary Charges—Radiology-Therapeutic	105,317	5,409 110,726
	Contract 6	D-4	V	42.01	2	Medi-Cal Ancillary Charges—Infusion Center	154,458	(154,458) 0
	Contract 6	D-4	V	43.01	2	Medi-Cal Ancillary Charges—Nuclear Medicine	662,465	(200,553) 461,912
	Contract 6	D-4	V	44.00	2	Medi-Cal Ancillary Charges—Laboratory	16,400,519	(1,267,595) 15,132,924
	Contract 6	D-4	V	44.01	2	Medi-Cal Ancillary Charges—Laboratory-Pathology	247,046	(2,161) 244,885
	Contract 6	D-4	V	49.00	2	Medi-Cal Ancillary Charges—Respiratory Therapy	5,845,678	(1,313,892) 4,531,786
	Contract 6	D-4	V	50.00	2	Medi-Cal Ancillary Charges—Physical Therapy	351,674	(54,045) 297,629
	Contract 6	D-4	V	51.00	2	Medi-Cal Ancillary Charges—Occupational Therapy	89,514	(19,412) 70,102
	Contract 6	D-4	V	52.00	2	Medi-Cal Ancillary Charges—Speech Pathology	88,516	(31,795) 56,721
	Contract 6	D-4	V	53.00	2	Medi-Cal Ancillary Charges—Electrocardiology	3,968,182	(497,035) 3,471,147
	Contract 6	D-4	V	54.00	2	Medi-Cal Ancillary Charges—Electroencephalography	116,413	(13,136) 103,277
	Contract 6	D-4	V	55.00	2	Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients	3,569,071	4,713,519 8,282,590
	Contract 6	D-4	V	56.00	2	Medi-Cal Ancillary Charges—Drugs Charged to Patients	26,824,916	1,653,802 28,478,718
	Contract 6	D-4	V	58.01	2	Medi-Cal Ancillary Charges—Renal Dialysis	1,367,256	(395,160) 972,096
	Contract 6	D-4	V	60.02	2	Medi-Cal Ancillary Charges—OP Surgery Center	4,892	(4,892) 0
	Contract 6	D-4	V	61.00	2	Medi-Cal Ancillary Charges—Emergency	3,758,111	(1,047,231) 2,710,880
	Contract 6	D-4	V	101.00	2	Medi-Cal Ancillary Charges—Total	90,544,064	(7,458,597) 83,085,467
* Balance carried forward from prior/to subsequent adjustments								

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Provider Name		Fiscal Period		Provider Number, NPI		Adjustments				
SHARP CHULA VISTA MEDICAL CENTER		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC30222F, 1396728630		21				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
-Continued from previous page-										
15	Contract 2	E-3	III	V	10.00	1	Medi-Cal Routine Service Charges	\$49,716,503	(\$3,338,245)	\$46,378,258
	Contract 2	E-3	III	V	11.00	1	Medi-Cal Ancillary Service Charges	90,682,735	(7,597,268)	83,085,467
16	Contract 3	E-3	III	V	33.00	1	Medi-Cal Deductibles	\$0	\$52,785	\$52,785
	Contract 3	E-3	III	V	36.00	1	Medi-Cal Coinsurance	0	775,051	775,051
<p style="text-align: center;"><b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—CONTRACT</b></p> <p>To adjust Medi-Cal Settlement Data to agree with the following                      HP Enterprise Services Provider Claims Data:                      Provider Number HSC30222F and NPI 1396728630                      Reports Dated: September 24, 2009                      Payment Period: October 1, 2007 through August 30, 2009                      Service Period: October 1, 2007 through September 30, 2008                      42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139                      CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408                      CCR, Title 22, Section 51541</p>										

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments			
SHARP CHULA VISTA MEDICAL CENTER		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC30222F, 1396728630		21			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
<b>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA—DPNF</b>									
17	DPNF 1	D-1	I	XIX	9.00	1	22,860	98	22,958
Medi-Cal Days—Nursing Facility (DPNF) To adjust Medi-Cal patient days to agree with the following HP Enterprise Services Provider Claims Data: Provider Number LTC55216F and NPI 1538142369 Reports Dated: September 24, 2009 Payment Period: October 1, 2007 through August 31, 2009 Service Period: October 1, 2007 through September 30, 2008 42 CFR 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2200.1, 2300, and 2304									

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments				
SHARP CHULA VISTA MEDICAL CENTER		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC30222F, 1396728630		21				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
<b>ADJUSTMENTS TO OTHER MATTERS</b>										
18	DPNF 1	N/A	Medi-Cal Overpayments—Nursing Facility (DPNF) Provider Number LTC55216F and NPI 1538142369 To recover payments from Medi-Cal for covered services that were reimbursed by Medicare and not deducted from Medi-Cal claims. W&I Code, Sections 14000 and 14005 CCR, Title 22, Sections 51005, 51458.1, 51502, and 51511					\$0	\$38,480	\$38,480
19	Contract 1	N/A	Medi-Cal Overpayments—Contract To recover Medi-Cal payments for incorrect billing of revenue code 170. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2409 CCR, Title 22, Sections 51458.1 and 51476 Medi-Cal Contract, Articles 4.3 and 4.5					\$0	\$1,272	\$1,272 *
20	Contract 1	N/A	Medi-Cal Overpayments—Contract To recover Medi-Cal payments because the other coverage was not properly deducted from the amount billed. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2409 CCR, Title 22, Sections 51005, 51458.1, and 51476 Medi-Cal Contract, Articles 4.3 and 4.5					\$1,272	\$51,420	\$52,692 *
21	Contract 1	N/A	Medi-Cal Overpayments—Contract To recover Medi-Cal payments for incorrect billing of mother/baby common day and/or duplicate payment. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2409 CCR, Title 22, Sections 51458.1 and 51476 Medi-Cal Contract, Articles 4.3 and 4.5					\$52,692	\$11,536	\$64,228

\*Balance carried forward from prior/to subsequent adjustments