

**REPORT
ON THE
COST REPORT REVIEW**

**SAN PEDRO PENINSULA HOSPITAL
SAN PEDRO, CALIFORNIA
PROVIDER NUMBERS: HSC30078G, ZZT18678F,
ZZT06297G AND LTC70027H
NATIONAL PROVIDER IDENTIFIERS: 1942247291,
1295771483, AND 1770639809**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

**Audits Section - Gardena
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Cheryl Phillips
Audit Supervisor: Ginn Sampson
Auditor: Adriana Gutierrez**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

April 30, 2010

Larry Natsume
Regional Director, Reimbursement
Providence St. Joseph Medical Center
Accounting Department
501 S Buena Vista Street
Burbank, CA 91505

PROVIDER: SAN PEDRO PENINSULA HOSPITAL
PROVIDER NO.: HSC30078G
NATIONAL PROVIDER IDENTIFIER: 1942247291
FISCAL PERIOD ENDED: DECEMBER 31, 2008

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi Cal Contract Cost (CONTRACT Schedules)
3. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
4. Computation of Distinct Part Nursing Facility Per Diem (DPNF 1-1 Schedules)
5. Computation of Subacute Per Diem (ADULT SUBACUTE Schedules)
6. Computation of Subacute Per Diem (ADULT SUBACUTE 1-1 Schedules)
7. Audited Allocation of Home Office Cost

8. Audit Adjustments Schedule

Future Distinct Part Nursing Facility prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Rate Development Branch.

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

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

Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814
(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.

Larry Natsume
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If you have questions regarding this report, you may call the Audits Section—Gardena at (310) 516-4757.

Signed By:

Cheryl Phillips, Chief
Audits Section—Gardena
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
2. REHAB (SCHEDULE 1-1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. PSYCH (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. HSC 30078F		
	Reported		\$ 6,567,488
	Net Change		\$ 85,704
	Audited Cost		\$ 6,653,192
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) - LOMDP	Provider No. ZZT 18678K		
	Reported		\$ 0.00
	Net Change		\$ 3,295.16
	Audited Cost Per Day		\$ 3,295.16
	Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) - SADP	Provider No. ZZT 06297G		
	Reported		\$ 84.29
	Net Change		\$ 409.67
	Audited Cost Per Day		\$ 493.96
	Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) - LOMSA	Provider No. LTC 70027H		
	Reported		\$ 1,390.60
	Net Change		\$ (683.59)
	Audited Cost Per Day		\$ 707.01
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ 0		
9. Total Medi-Cal Cost		\$ 6,653,192	

SUMMARY OF FINDINGS

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
10.	Subacute (SUBACUTE SCH 1-1) - SASA		
	Provider No. LTC 70027H		
	Reported		\$ 664.19
	Net Change		\$ 110.61
	Audited Cost Per Day		\$ 774.80
	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)	\$ 0	

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-1)	\$ 195,074	\$ 0
2. Excess Reasonable Cost Over Charges (Schedule 2-1)	\$ (195,074)	\$ 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	\$ 0
6. Interim Payments (Adj)	\$ 0	\$ 0
7. Balance Due Provider (State)	\$ 0	\$ 0
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3-1) \$ 195,074 \$ 0

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj) \$ 0 \$ 03. Inpatient Ancillary Service Charges (Adj) \$ 0 \$ 04. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 05. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 06. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 195,074 \$ 0
(To Schedule 1-1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5-1)	\$ <u>0</u>	\$ <u>0</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4-1)	\$ <u>195,074</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>195,074</u>	\$ <u>0</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-1)	\$ <u>(See Sch 1-1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>195,074</u>	\$ <u>0</u>
	(To Schedule 2-1)	
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj)	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>195,074</u>	\$ <u>0</u>
	(To Schedule 1-1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 34)	5,257	0
2. Inpatient Days (include private, exclude swing-bed)	5,257	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 34)	5,257	0
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 54)	200	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 30, Col 27)	\$ 5,127,522	\$ 0
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 5,127,522	\$ 0

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 36)	\$ 13,084,015	\$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 36)	\$ 13,084,015	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.391892	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 2,488.87	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 5,127,522	\$ 0

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 975.37	\$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 195,074	\$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-1)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-1)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40&41)	\$ 195,074	\$ 0

(To Schedule 3-1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 471,976	\$ 632,144
2. Total Inpatient Days (Adj)	1,497	1,497
3. Average Per Diem Cost	\$ 315.28	\$ 422.27
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,224,614	\$ 3,894,460
7. Total Inpatient Days (Adj)	2,828	2,828
8. Average Per Diem Cost	\$ 1,493.85	\$ 1,377.11
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 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 0

(To Schedule 4-1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

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

(To Schedule 4-1)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-1)	MEDI-CAL COST
37.00	Operating Room	\$ 2,894,248	\$ 29,109,776	0.099425	\$ 0	\$ 0
38.00	Recovery Room	482,253	2,145,386	0.224786	0	0
39.00	Delivery Room and Labor Room	1,600,072	6,339,726	0.252388	0	0
40.00	Anesthesiology	301,248	5,689,050	0.052952	0	0
41.00	Radiology - Diagnostic	2,931,868	15,860,889	0.184849	0	0
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	280,275	1,116,808	0.250961	0	0
43.00	Radioisotope	547,240	3,106,084	0.176183	0	0
44.00	Laboratory	3,048,991	46,838,945	0.065095	0	0
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	1,130,532	3,745,765	0.301816	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	5,103,196	157,396,091	0.032423	0	0
50.00	Physical Therapy	2,230,741	11,017,907	0.202465	0	0
51.00	Occupational Therapy	1,661,487	7,474,306	0.222293	0	0
52.00	Speech Pathology	374,207	1,342,206	0.278800	0	0
53.00	Electrocardiology	815,569	10,300,973	0.079174	0	0
54.00	Electroencephalography	97,416	681,527	0.142938	0	0
55.00	Medical Supplies Charged to Patients	7,534,192	10,427,854	0.722507	0	0
56.00	Drugs Charged to Patients	7,902,496	97,147,288	0.081346	0	0
57.00	Renal Dialysis	333,441	3,467,071	0.096174	0	0
58.00	ASC (Non-Distinct Part)	1,839,788	6,577,427	0.279712	0	0
58.01	Ultra Sound	458,123	7,688,341	0.059587	0	0
59.00	Cardiac Catheterization Laboratory	486,807	3,682,864	0.132182	0	0
59.01	Magnetic Resonance Imaging (MRI)	283,865	12,948,120	0.021923	0	0
59.02	CAT Scan	564,676	35,934,273	0.015714	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	PHP - Bridges	97,905	1,438,508	0.068060	0	0
60.02	OP Psy CDC	378,068	3,206,073	0.117923	0	0
61.00	Emergency	4,916,309	23,429,134	0.209837	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
86.00		0	0	0.000000	0	0
TOTAL		\$ 48,295,017	\$ 508,112,392		\$ 0	\$ 0

(To Schedule 3-1)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	AUDITED
37.00	Operating Room	\$	\$	\$ 0
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room			0
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic			0
41.01				0
41.02				0
42.00	Radiology - Therapeutic			0
43.00	Radioisotope			0
44.00	Laboratory			0
44.01	Pathological Lab			0
46.00	Whole Blood			0
47.00	Blood Storing and Processing			0
48.00	Intravenous Therapy			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	Renal Dialysis			0
58.00	ASC (Non-Distinct Part)			0
58.01	Ultra Sound			0
59.00	Cardiac Catheterization Laboratory			0
59.01	Magnetic Resonance Imaging (MRI)			0
59.02	CAT Scan			0
60.00	Clinic			0
60.01	PHP - Bridges			0
60.02	OP Psy CDC			0
61.00	Emergency			0
62.00	Observation Beds			0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
				0
				0
				0
				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

(To Schedule 5-1)

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
40.00	Anesthesiology	\$ 0	\$ 0	0.000000	\$ 0	\$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	0	0	0.000000		0
53.00	Electrocardiology	0	0	0.000000		0
54.00	Electroencephalography	0	0	0.000000		0
61.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Schedule 3-1)

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-2)	\$ 53,129	\$ 0
2. Excess Reasonable Cost Over Charges (Schedule 2-2)	\$ (53,129)	\$ 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	\$ 0
6. Interim Payments (Adj)	\$ 0	\$ 0
7. Balance Due Provider (State)	\$ 0	\$ 0
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0

(To Summary of Findings)

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3-2)	\$ <u>53,129</u>	\$ <u>0</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj)	\$ <u>0</u>	\$ <u>0</u>
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3. Inpatient Ancillary Service Charges (Adj)	\$ <u>0</u>	\$ <u>0</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>0</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>0</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>53,129</u>	\$ <u>0</u>
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(To Schedule 1-2)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5-2)	\$ <u>0</u>	\$ <u>0</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4-2)	\$ <u>53,129</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>53,129</u>	\$ <u>0</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-2)	\$ <u>(See Sch 1-2)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>53,129</u>	\$ <u>0</u>
	(To Schedule 2-2)	
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj)	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>53,129</u></u>	\$ <u><u>0</u></u>

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 35)	7,625	0
2. Inpatient Days (include private, exclude swing-bed)	7,625	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 35)	7,625	0
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 55)	64	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 31, Col 27)	\$ 6,329,809	\$ 0
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 6,329,809	\$ 0

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 37)	\$ 18,566,650	\$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 37)	\$ 18,566,650	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.340924	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 2,434.97	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 6,329,809	\$ 0

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 830.14	\$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 53,129	\$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-2)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-2)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 53,129	\$ 0

(To Schedule 3-2)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 471,976	\$ 632,144
2. Total Inpatient Days (Adj)	1,497	1,497
3. Average Per Diem Cost	\$ 315.28	\$ 422.27
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,224,614	\$ 3,894,460
7. Total Inpatient Days (Adj)	2,828	2,828
8. Average Per Diem Cost	\$ 1,493.85	\$ 1,377.11
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 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 0

(To Schedule 4-2)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN PEDRO PENINSULA HOSPITALFiscal Period Ended:
DECEMBER 31, 2008

Provider No:

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

(To Schedule 4-2)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-2)	MEDI-CAL COST
37.00	Operating Room	\$ 2,894,248	\$ 29,109,776	0.099425	\$ 0	\$ 0
38.00	Recovery Room	482,253	2,145,386	0.224786	0	0
39.00	Delivery Room and Labor Room	1,600,072	6,339,726	0.252388	0	0
40.00	Anesthesiology	301,248	5,689,050	0.052952	0	0
41.00	Radiology - Diagnostic	2,931,868	15,860,889	0.184849	0	0
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	280,275	1,116,808	0.250961	0	0
43.00	Radioisotope	547,240	3,106,084	0.176183	0	0
44.00	Laboratory	3,048,991	46,838,945	0.065095	0	0
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	1,130,532	3,745,765	0.301816	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	5,103,196	157,396,091	0.032423	0	0
50.00	Physical Therapy	2,230,741	11,017,907	0.202465	0	0
51.00	Occupational Therapy	1,661,487	7,474,306	0.222293	0	0
52.00	Speech Pathology	374,207	1,342,206	0.278800	0	0
53.00	Electrocardiology	815,569	10,300,973	0.079174	0	0
54.00	Electroencephalography	97,416	681,527	0.142938	0	0
55.00	Medical Supplies Charged to Patients	7,534,192	10,427,854	0.722507	0	0
56.00	Drugs Charged to Patients	7,902,496	97,147,288	0.081346	0	0
57.00	Renal Dialysis	333,441	3,467,071	0.096174	0	0
58.00	ASC (Non-Distinct Part)	1,839,788	6,577,427	0.279712	0	0
58.01	Ultra Sound	458,123	7,688,341	0.059587	0	0
59.00	Cardiac Catheterization Laboratory	486,807	3,682,864	0.132182	0	0
59.01	Magnetic Resonance Imaging (MRI)	283,865	12,948,120	0.021923	0	0
59.02	CAT Scan	564,676	35,934,273	0.015714	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	PHP - Bridges	97,905	1,438,508	0.068060	0	0
60.02	OP Psy CDC	378,068	3,206,073	0.117923	0	0
61.00	Emergency	4,916,309	23,429,134	0.209837	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
86.00		0	0	0.000000	0	0
TOTAL		\$ 48,295,017	\$ 508,112,392		\$ 0	\$ 0

(To Schedule 3-2)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30078F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>6,567,488</u>	\$ <u>6,653,192</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>6,567,488</u>	\$ <u>6,653,192</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>6,567,488</u>	\$ <u>6,653,192</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</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>0</u>
	(To Summary of Findings)	

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30078F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>6,567,488</u>	\$ <u>6,765,964</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 40)	\$ <u>12,982,533</u>	\$ <u>13,398,851</u>
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3. Inpatient Ancillary Service Charges (Adj 40)	\$ <u>30,733,957</u>	\$ <u>30,339,450</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>43,716,490</u>	\$ <u>43,738,301</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>37,149,002</u>	\$ <u>36,972,337</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:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30078F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>3,523,599</u>	\$ <u>3,203,828</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>3,043,889</u>	\$ <u>3,562,136</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>6,567,488</u>	\$ <u>6,765,964</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>6,567,488</u>	\$ <u>6,765,964</u> (To Contract Sch 2)
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj 41)	\$ <u>0</u>	\$ <u>(112,772)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>6,567,488</u>	\$ <u>6,653,192</u> (To Contract Sch 1)

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30078F

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adjs 31,33,34,35)	26,746	34,381
2. Inpatient Days (include private, exclude swing-bed)	26,746	34,381
3. Private Room Days (exclude swing-bed private room)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 31,33,34,35)	26,746	34,381
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 38)	2,761	3,055

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)	\$ 20,292,599	\$ 28,618,630
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)	\$ 20,292,599	\$ 28,618,630

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adjs 36, 37)	\$ 68,457,470	\$ 100,108,135
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adjs 36, 37)	\$ 68,457,470	\$ 100,108,135
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.296426	\$ 0.285877
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 2,559.54	\$ 2,911.73
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)	\$ 20,292,599	\$ 28,618,630

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 758.72	\$ 832.40
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 2,094,826	\$ 2,542,982
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 949,063	\$ 1,019,154
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 3,043,889	\$ 3,562,136

(To Contract Sch 3)

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30078F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 471,976	\$ 632,144
2. Total Inpatient Days (Adj)	1,497	1,497
3. Average Per Diem Cost	\$ 315.28	\$ 422.27
4. Medi-Cal Inpatient Days (Adj 38)	897	809
5. Cost Applicable to Medi-Cal	\$ 282,806	\$ 341,616
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,224,614	\$ 3,894,460
7. Total Inpatient Days (Adj)	2,828	2,828
8. Average Per Diem Cost	\$ 1,493.85	\$ 1,377.11
9. Medi-Cal Inpatient Days (Adj 38)	446	492
10. Cost Applicable to Medi-Cal	\$ 666,257	\$ 677,538
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
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)	\$ 949,063	\$ 1,019,154

(To Contract Sch 4)

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
HSC 30078F

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

(To Contract Sch 4)

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL
LOMITA SACC DP
Provider No:
ZZT 18678K

Fiscal Period Ended:
DECEMBER 31, 2008

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 802	\$ 802
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 612,204	\$ 167,251	\$ (444,953)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 612,204	\$ 168,053	\$ (444,151)
4. Total Distinct Part Patient Days (Adj 32)	0	51	51
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 0.00	\$ 3,295.16	\$ 3,295.16
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	95	95	0
10. Total Licensed Capacity (All levels) (Adj)	200	200	0
11. Total Medi-Cal DP Patient Days (Adj 41)	0	51	51
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 65,928	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 65,928	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 1,932	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 33,704	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 35,636	N/A

Note: This unit closed during March 2008.

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT 18678K

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 3,386	\$ 2,752	\$ (634)
1.00	Old Cap Rel Costs-Bldg & Fixtures	0	0	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	108,263	21,302	(86,961)
4.00	New Cap Rel Costs-Movable Equipment	123,851	37,736	(86,115)
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	360	85	(275)
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	37,406	11,304	(26,102)
7.00	Maintenance and Repairs	111,512	28,849	(82,664)
8.00	Operation of Plant	144,580	39,989	(104,592)
9.00	Laundry and Linen Service	0	683	683
10.00	Housekeeping	82,244	21,190	(61,054)
11.00	Dietary	0	2,628	2,628
12.00	Cafeteria	138	56	(82)
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	272	246	(26)
15.00	Central Services & Supply	134	124	(10)
16.00	Pharmacy	0	0	0
17.00	Medical Records and Library	58	63	6
18.00	Social Service	0	245	245
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 612,204	\$ 167,251	\$ (444,953)

(To DPNF Sch 1)

* From Schedule 8, Part I, line 34.

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT 18678K

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	21,302	N/A
4.00	New Cap Rel Costs-Movable Equipment	37,736	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	1	85
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	370	3,076
7.00	Maintenance and Repairs	425	6,011
8.00	Operation of Plant	4,148	10,275
9.00	Laundry and Linen Service	35	35
10.00	Housekeeping	1,580	12,443
11.00	Dietary	269	1,277
12.00	Cafeteria	11	52
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	5	192
15.00	Central Services & Supply	39	39
16.00	Pharmacy	0	0
17.00	Medical Records and Library	4	25
18.00	Social Service	2	196
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 65,928	\$ 33,704

* These amounts include Skilled Nursing Facility expenses,
line 34.

(To DPNF SCH 1)

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL
SAN PEDRO DP
Provider No:
ZZT 06297G

Fiscal Period Ended:
DECEMBER 31, 2008

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3-1)	\$ <u>0</u>	\$ <u>12,636</u>	\$ <u>12,636</u>
2. Distinct Part Routine Cost (DPNF Sch 2-1)	\$ <u>61,950</u>	\$ <u>107,891</u>	\$ <u>45,941</u>
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ <u>61,950</u>	\$ <u>120,527</u>	\$ <u>58,577</u>
4. Total Distinct Part Patient Days (Adj 32)	<u>735</u>	<u>244</u>	<u>(491)</u>
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ <u><u>84.29</u></u>	\$ <u><u>493.96</u></u>	\$ <u><u>409.67</u></u>
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. Medi-Cal Credit Balances (Adj)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	<u>14</u>	<u>14</u>	<u>0</u>
10. Total Licensed Capacity (All levels) (Adj)	<u>125</u>	<u>125</u>	<u>0</u>
11. Total Medi-Cal DP Patient Days (Adj 44)	<u>735</u>	<u>244</u>	<u>(491)</u>
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ <u>0</u>	N/A
13. Indirect Capital Related Cost (DPNF Sch 5-1)	N/A	\$ <u>32,922</u>	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ <u><u>32,922</u></u>	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ <u>0</u>	N/A
16. Allocated Salary & Benefits (DPNF Sch 5-1)	N/A	\$ <u>29,367</u>	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ <u><u>29,367</u></u>	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT 06297G

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 27,013	\$ 5,461	\$ (21,552)
1.00	Old Cap Rel Costs-Bldg & Fixtures	0	0	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	0	9,701	9,701
4.00	New Cap Rel Costs-Movable Equipment	0	17,185	17,185
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	0	0	0
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	4,284	5,909	1,625
7.00	Maintenance and Repairs	0	13,138	13,138
8.00	Operation of Plant	0	18,211	18,211
9.00	Laundry and Linen Service	0	3,266	3,266
10.00	Housekeeping	0	9,650	9,650
11.00	Dietary	0	12,575	12,575
12.00	Cafeteria	2,598	1,046	(1,552)
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	5,119	4,632	(487)
15.00	Central Services & Supply	4,145	3,824	(321)
16.00	Pharmacy	2,290	2,058	(232)
17.00	Medical Records and Library	58	64	6
18.00	Social Service	16,443	1,172	(15,271)
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 61,950	\$ 107,891	\$ 45,941

(To DPNF Sch 1-1)

* From Schedule 8, Part I, line 35.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
 SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
 DECEMBER 31, 2008

Provider No:
 ZTZ 06297G

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES ** (From DPNF Sch 4-1)	TOTAL ANCILLARY COST***
49.00	Respiratory Therapy	\$ 5,103,196	\$ 157,396,091	0.032423	\$ 8,626	\$ 280
55.00	Med Supply Charged to Patients	7,534,192	10,427,854	0.722507	9,596	6,933
56.00	Drugs Charged to Patients	7,902,496	97,147,288	0.081346	66,670	5,423
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101.00	TOTAL	\$ 20,539,885	\$ 264,971,233		\$ 84,892	\$ 12,636

(To DPNF Sch 1-1)

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

**ADJUSTMENTS TO TOTAL
DISTINCT PART ANCILLARY CHARGES**

**Provider Name:
SAN PEDRO PENINSULA HOSPITAL**

**Fiscal Period Ended:
DECEMBER 31, 2008**

**Provider No:
ZZT 06297G**

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 45)	AUDITED
49.00	Respiratory Therapy	\$ 0	\$ 8,626	\$ 8,626
55.00	Med Supply Charged to Patients	0	9,596	9,596
56.00	Drugs Charged to Patients	0	66,670	66,670
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TOTAL DP ANCILLARY CHARGES		\$ 0	\$ 84,892	\$ 84,892

(To DPNF Sch 3-1)

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

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT 06297G

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	9,701	N/A
4.00	New Cap Rel Costs-Movable Equipment	17,185	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	0	0
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	194	1,608
7.00	Maintenance and Repairs	194	2,737
8.00	Operation of Plant	1,889	4,679
9.00	Laundry and Linen Service	170	170
10.00	Housekeeping	720	5,666
11.00	Dietary	1,289	6,108
12.00	Cafeteria	201	972
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	98	3,618
15.00	Central Services & Supply	1,201	1,198
16.00	Pharmacy	68	1,650
17.00	Medical Records and Library	4	25
18.00	Social Service	9	935
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 32,922	\$ 29,367

* These amounts include Nursing Facility expenses,
line 35.

(To DPNF SCH 1-1)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:
SAN PEDRO PENINSULA HOSPITAL
LOMITA SACC SUBACUTE
 Provider No:
LTC 70027H

Fiscal Period Ended:
DECEMBER 31, 2008

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 1,346,987	\$ 1,169,453	\$ (177,534)
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 6,603,096	\$ 4,818,198	\$ (1,784,898)
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 7,950,083	\$ 5,987,651	\$ (1,962,432)
4. Total Adult Subacute Patient Days (Adj 32)	5,717	8,469	2,752
5. Average Adult Subacute Per Diem Cost (L3 / L4)	\$ 1,390.60	\$ 707.01	\$ (683.59)

ADULT SUBACUTE OVERPAYMENT & OVERBILLINGS

6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
		(To Summary of Findings)	

GENERAL INFORMATION

9. Contracted Number of Adult Subacute Beds (Adj)	105	105	0
10. Total Licensed Nursing Facility Beds (Adj)	200	200	0
11. Total Licensed Capacity (All levels of care)(Adj)	508	508	0
12. Total Medi-Cal Adult Subacute Patient Days (Adj 46)	4,552	6,691	2,139

CAPITAL RELATED COST

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 243,599	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 243,599	N/A

TOTAL SALARY & BENEFITS

16. Direct Salary & Benefits Expenses	N/A	\$ 2,366,024	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 688,314	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 3,054,338	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj 48)	AUDITED TOTAL DAYS (Adj 47)	AUDITED MEDI-CAL DAYS (Adj 46)
19. Ventilator (Equipment Cost Only)	\$ 15,964	4,078	3,222
20. Nonventilator	N/A	4,391	N/A
21. TOTAL	N/A	8,469	N/A

Note: This unit closed during March 2008.

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70027H

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 3,442,406	\$ 3,061,878	\$ (380,528)
1.00	Old Cap Rel Costs-Bldg & Fixtures	0	0	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	285,772	56,223	(229,548)
4.00	New Cap Rel Costs-Movable Equipment	326,918	99,597	(227,321)
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	441,171	104,608	(336,563)
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	713,072	606,935	(106,137)
7.00	Maintenance and Repairs	294,350	76,142	(218,208)
8.00	Operation of Plant	381,636	105,544	(276,093)
9.00	Laundry and Linen Service	80,624	113,351	32,726
10.00	Housekeeping	217,093	55,928	(161,165)
11.00	Dietary	75,994	226,299	150,305
12.00	Cafeteria	89,142	35,897	(53,245)
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	175,623	158,918	(16,705)
15.00	Central Services & Supply	30,132	27,798	(2,334)
16.00	Pharmacy	27,797	24,978	(2,820)
17.00	Medical Records and Library	21,366	23,434	2,068
18.00	Social Service	0	40,669	40,669
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 6,603,096	\$ 4,818,198	\$ (1,784,898)

(To Adult Subacute Sch 1)

* From Schedule 8, Part I, Line 36.00

SCHEDULE OF TOTAL OTHER ALLOWABLE ADULT SUBACUTE ANCILLARY COSTS**

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70027H

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL SUBACUTE ANCILLARY CHARGES ** (Adult SA Sch 4)	SUBACUTE ANCILLARY COSTS***
41.00	Radiology - Diagnostic	\$ 2,931,868	\$ 15,860,889	0.184849	\$ 538	\$ 99
44.00	Laboratory	3,048,991	46,838,945	0.065095	900,623	58,626
49.00	Respiratory Therapy	5,103,196	157,396,091	0.032423	30,274,894	981,592
50.00	Physical Therapy	2,230,741	11,017,907	0.202465	233,608	47,297
51.00	Occupational Therapy	1,661,487	7,474,306	0.222293	123,023	27,347
52.00	Speech Pathology	374,207	1,342,206	0.278800	19,145	5,338
55.00	Med Supply Charged to Patients	7,534,192	10,427,854	0.722507	33,814	24,431
56.00	Drugs Charged to Patients	7,902,496	97,147,288	0.081346	303,930	24,723
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				0.000000	0	0
101.00	TOTAL	\$ 30,787,179	\$ 347,505,486		\$ 31,889,575	\$ 1,169,453

(To Adult Subacute Sch

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

**ADJUSTMENTS TO OTHER ALLOWABLE
ADULT SUBACUTE ANCILLARY CHARGES**

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70027H

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 49)	AUDITED
41.00	Radiology - Diagnostic	\$	\$ 538	\$ 538
44.00	Laboratory	537,977	362,646	900,623
49.00	Respiratory Therapy	24,224,284	6,050,610	30,274,894
50.00	Physical Therapy		233,608	233,608
51.00	Occupational Therapy		123,023	123,023
52.00	Speech Pathology		19,145	19,145
55.00	Med Supply Charged to Patients	32,478	1,336	33,814
56.00	Drugs Charged to Patients	4,443,282	(4,139,352)	303,930
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101.00	TOTAL ANCILLARY CHARGES	\$ 29,238,021	\$ 2,651,554	\$ 31,889,575

(To Adult Subacute Sch 3)

**ALLOCATION OF INDIRECT EXPENSES
ADULT SUBACUTE**

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70027H

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	56,223	N/A
4.00	New Cap Rel Costs-Movable Equipment	99,597	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	1,002	103,606
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	19,878	165,144
7.00	Maintenance and Repairs	1,123	15,864
8.00	Operation of Plant	10,949	27,120
9.00	Laundry and Linen Service	5,883	5,888
10.00	Housekeeping	4,171	32,841
11.00	Dietary	23,197	109,910
12.00	Cafeteria	6,913	33,356
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	3,361	124,142
15.00	Central Services & Supply	8,729	8,705
16.00	Pharmacy	827	20,027
17.00	Medical Records and Library	1,428	9,241
18.00	Social Service	319	32,467
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 243,599	\$ 688,314

(To Adult Subacute Sch 1)

COMPUTATION OF SUBACUTE PER DIEM

Provider Name:
SAN PEDRO PENINSULA HOSPITAL
SAN PEDRO SUBACUTE
 Provider No:
LTC 70027H

Fiscal Period Ended:
DECEMBER 31, 2008

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Subacute Ancillary Cost (Subacute Sch 3-1)	\$ 4,311,081	\$ 4,721,694	\$ 410,613
2. Subacute Routine Cost (Subacute Sch 2-1)	\$ 16,708,393	\$ 14,425,913	\$ (2,282,480)
3. Total Subacute Facility Cost (Lines 1 & 2)	\$ 21,019,474	\$ 19,147,607	\$ (1,871,867)
4. Total Subacute Patient Days (Adj 32)	31,647	24,713	(6,934)
5. Average Subacute Per Diem Cost (L3 / L4)	\$ 664.19	\$ 774.80	\$ 110.61

SUBACUTE OVERPAYMENT & OVERBILLINGS

6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0

(To Summary of Findings)

GENERAL INFORMATION

9. Contracted Number of Subacute Beds (Adj)	111	111	0
10. Total Licensed Nursing Facility Beds (Adj)	125	125	0
11. Total Licensed Capacity (All levels of care)(Adj)	508	508	0
12. Total Medi-Cal Subacute Patient Days (Adj 50)	23,790	21,407	(2,383)

CAPITAL RELATED COST

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Subacute Sch 5-1)	N/A	\$ 1,070,876	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 1,070,876	N/A

TOTAL SALARY & BENEFITS

16. Direct Salary & Benefits Expenses	N/A	\$ 7,289,939	N/A
17. Allocated Salary & Benefits Expenses (Subacute Sch 5-1)	N/A	\$ 2,125,639	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 9,415,578	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj 52)	AUDITED TOTAL DAYS (Adj 51)	AUDITED MEDI-CAL DAYS (Adj 50)
19. Ventilator (Equipment Cost Only)	\$ 47,891	13,032	11,289
20. Nonventilator	N/A	11,681	N/A
21. TOTAL	N/A	24,713	N/A

SUMMARY OF SUBACUTE FACILITY EXPENSES

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70027H

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Subacute	\$ 8,759,343	\$ 8,544,635	\$ (214,708)
1.00	Old Cap Rel Costs-Bldg & Fixtures	0	0	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	497,453	283,938	(213,515)
4.00	New Cap Rel Costs-Movable Equipment	569,079	502,981	(66,098)
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	1,359,289	322,308	(1,036,981)
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	1,773,878	1,763,613	(10,265)
7.00	Maintenance and Repairs	512,386	384,528	(127,858)
8.00	Operation of Plant	664,332	533,013	(131,319)
9.00	Laundry and Linen Service	444,946	330,764	(114,182)
10.00	Housekeeping	377,902	282,446	(95,456)
11.00	Dietary	620,128	602,003	(18,125)
12.00	Cafeteria	269,244	108,424	(160,820)
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	530,443	479,991	(50,452)
15.00	Central Services & Supply	86,588	79,881	(6,707)
16.00	Pharmacy	9,851	8,852	(999)
17.00	Medical Records and Library	72,812	79,862	7,050
18.00	Social Service	160,719	118,675	(42,044)
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 16,708,393	\$ 14,425,913	\$ (2,282,480)

(To Subacute Sch 1-1)

* From Schedule 8, Part I, Line 36.01

SCHEDULE OF TOTAL OTHER ALLOWABLE SUBACUTE ANCILLARY COSTS**

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70027H

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL SUBACUTE ANCILLARY CHARGES ** (From SA Sch 4-1)	SUBACUTE ANCILLARY COSTS***
41.00	Radiology - Diagnostic	\$ 2,931,868	\$ 15,860,889	0.184849	\$ 433,665	\$ 80,163
44.00	Laboratory	3,048,991	46,838,945	0.065095	5,185,786	337,570
49.00	Respiratory Therapy	5,103,196	157,396,091	0.032423	98,134,239	3,181,771
50.00	Physical Therapy	2,230,741	11,017,907	0.202465	2,490,985	504,337
51.00	Occupational Therapy	1,661,487	7,474,306	0.222293	1,262,253	280,590
52.00	Speech Pathology	374,207	1,342,206	0.278800	248,702	69,338
55.00	Med Supply Charged to Patients	7,534,192	10,427,854	0.722507	233,939	169,022
56.00	Drugs Charged to Patients	7,902,496	97,147,288	0.081346	1,215,833	98,903
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101.00	TOTAL	\$ 30,787,179	\$ 347,505,486		\$ 109,205,402	\$ 4,721,694

(To Subacute Sch 1-1)

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

ADJUSTMENTS TO OTHER ALLOWABLE
SUBACUTE ANCILLARY CHARGES

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70027H

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 53)	AUDITED
41.00	Radiology - Diagnostic	\$	\$ 433,665	\$ 433,665
44.00	Laboratory	2,145,424	3,040,362	5,185,786
49.00	Respiratory Therapy	74,051,685	24,082,554	98,134,239
50.00	Physical Therapy		2,490,985	2,490,985
51.00	Occupational Therapy		1,262,253	1,262,253
52.00	Speech Pathology		248,702	248,702
55.00	Med Supply Charged to Patients	110,486	123,453	233,939
56.00	Drugs Charged to Patients	15,462,564	(14,246,731)	1,215,833
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101.00	TOTAL ANCILLARY CHARGES	\$ 91,770,159	\$ 17,435,243	\$ 109,205,402

(To Subacute Sch 3-1)

**ALLOCATION OF INDIRECT EXPENSES
SUBACUTE**

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
LTC 70027H

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	283,938	N/A
4.00	New Cap Rel Costs-Movable Equipment	502,981	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	3,087	319,221
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	57,761	479,871
7.00	Maintenance and Repairs	5,670	80,115
8.00	Operation of Plant	55,295	136,962
9.00	Laundry and Linen Service	17,168	17,182
10.00	Housekeeping	21,065	165,850
11.00	Dietary	61,708	292,385
12.00	Cafeteria	20,880	100,748
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	10,151	374,957
15.00	Central Services & Supply	25,083	25,016
16.00	Pharmacy	293	7,098
17.00	Medical Records and Library	4,867	31,493
18.00	Social Service	930	94,741
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 1,070,876	\$ 2,125,639

(To Subacute Sch 1-1)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	55,205	0	0	0	0	0	0	0	0	1,875,845	342,688
38.00 Recovery Room	0	15,172	0	0	0	0	0	0	0	0	383,822	70,118
39.00 Delivery Room and Labor Room	0	35,593	0	0	0	0	0	0	0	0	1,049,501	191,728
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	241,636	44,143
41.00 Radiology - Diagnostic	0	68,807	0	0	0	0	0	0	0	0	2,167,267	395,927
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	4,221	0	0	0	0	0	0	0	0	179,833	32,853
43.00 Radioisotope	0	5,053	0	0	0	0	0	0	0	0	414,553	75,732
44.00 Laboratory	0	47,343	0	0	0	0	0	0	0	0	2,192,439	400,525
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	8,655	0	0	0	0	0	0	0	0	863,297	157,711
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	114,702	0	0	0	0	0	0	0	0	3,686,939	673,547
50.00 Physical Therapy	0	49,111	0	0	0	0	0	0	0	0	1,643,292	300,204
51.00 Occupational Therapy	0	43,763	0	0	0	0	0	0	0	0	1,232,451	225,150
52.00 Speech Pathology	0	8,745	0	0	0	0	0	0	0	0	259,130	47,339
53.00 Electrocardiology	0	16,407	0	0	0	0	0	0	0	0	520,789	95,140
54.00 Electroencephalography	0	1,741	0	0	0	0	0	0	0	0	59,282	10,830
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	6,049,489	1,105,149
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	4,376,900	799,593
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	274,608	50,167
58.00 ASC (Non-Distinct Part)	0	48,196	0	0	0	0	0	0	0	0	1,349,310	246,498
58.01 Ultra Sound	0	12,180	0	0	0	0	0	0	0	0	328,231	59,963
59.00 Cardiac Catheterization Laboratory	0	12,484	0	0	0	0	0	0	0	0	366,566	66,966
59.01 Magnetic Resonance Imaging (MRI)	0	5,569	0	0	0	0	0	0	0	0	172,075	31,435
59.02 CAT Scan	0	11,506	0	0	0	0	0	0	0	0	338,061	61,759
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 PHP - Bridges	0	0	0	0	0	0	0	0	0	0	37,309	6,816
60.02 OP Psy CDC	0	0	0	0	0	0	0	0	0	0	168,128	30,714
61.00 Emergency	0	125,431	0	0	0	0	0	0	0	0	3,592,011	656,205
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
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	24,008	4,386
96.01 Beauty and Barber	0	206	0	0	0	0	0	0	0	0	5,155	942
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03 Chemical Dependency Unit	0	0	0	0	0	0	0	0	0	0	1,373,196	250,862
100.00 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	0	0	3,446	630
100.01 Nutritional Counseling	0	386	0	0	0	0	0	0	0	0	9,782	1,787
100.02 Disaster Preparedness	0	51	0	0	0	0	0	0	0	0	1,296	237
100.03 Marketing	0	0	0	0	0	0	0	0	0	0	97,367	17,787
100.04 Grants	0	64,953	0	0	0	0	0	0	0	0	2,139,196	390,798
100.05 Diabetes Education	0	3,019	0	0	0	0	0	0	0	0	84,910	15,512
100.06 MOB	0	59	0	0	0	0	0	0	0	0	27,661	5,053
TOTAL	0	2,376,958	0	0	0	0	0	0	0	0	106,304,308	16,420,412

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	130,755	181,245	49,351	96,043	0	13,315	0	58,943	55,720	17,579	72,764	0
38.00 Recovery Room	0	0	4,523	0	0	2,361	0	10,452	2,114	3,500	5,363	0
39.00 Delivery Room and Labor Room	89,823	124,508	19,071	65,977	0	8,018	0	35,497	102	0	15,847	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	1,015	234	14,221	0
41.00 Radiology - Diagnostic	53,718	74,461	28,309	39,457	0	23,333	0	103,294	6,291	165	39,647	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	18,780	26,031	0	13,794	0	1,046	0	4,632	514	0	2,792	0
43.00 Radioisotope	13,649	18,920	0	10,026	0	1,074	0	4,755	446	321	7,764	0
44.00 Laboratory	82,039	113,719	0	60,260	0	0	0	82,928	0	0	117,081	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	6,553	9,083	0	4,813	0	0	0	79,711	0	0	9,363	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	39,206	54,345	0	28,798	0	29,249	0	129,487	68,128	62	393,435	0
50.00 Physical Therapy	57,825	80,155	6,874	42,474	0	13,055	0	57,796	1,525	0	27,541	0
51.00 Occupational Therapy	31,806	44,087	9,266	23,362	0	13,694	0	60,624	2,364	0	18,683	0
52.00 Speech Pathology	17,517	24,281	0	12,867	0	1,759	0	7,788	171	0	3,355	0
53.00 Electrocardiology	44,560	61,767	8,461	32,730	0	4,518	0	20,003	1,852	0	25,749	0
54.00 Electroencephalography	7,416	10,280	0	5,447	0	435	0	1,927	96	0	1,704	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	353,488	0	26,066	0
56.00 Drugs Charged to Patients	0	0	0	0	0	5,102	0	22,685	0	2,455,482	242,834	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	8,666	0
58.00 ASC (Non-Distinct Part)	43,201	59,883	20,011	31,732	0	9,574	0	42,383	14,650	6,102	16,441	0
58.01 Ultra Sound	9,030	12,517	5,865	6,633	0	2,602	0	11,518	2,220	327	19,218	0
59.00 Cardiac Catheterization Laboratory	1,838	2,548	0	1,350	0	2,037	0	9,018	26,356	922	9,206	0
59.01 Magnetic Resonance Imaging (MRI)	11,508	15,951	0	8,453	0	1,296	0	5,739	4,851	191	32,366	0
59.02 CAT Scan	17,421	24,148	0	12,796	0	2,509	0	11,108	6,719	332	89,823	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 PHP - Bridges	15,935	22,088	0	11,705	0	0	0	0	458	0	3,596	0
60.02 OP Psy CDC	53,526	74,195	3,957	39,316	0	0	0	218	0	0	8,014	0
61.00 Emergency	93,898	130,157	80,685	68,971	0	27,833	0	123,215	42,873	41,896	58,565	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
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	11,731	16,261	0	8,617	0	0	0	0	0	0	0	0
96.01 Beauty and Barber	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03 Chemical Dependency Unit	49,994	69,299	9,490	36,722	270,517	13,870	0	61,403	0	0	0	0
100.00 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	459	0	0	0
100.01 Nutritional Counseling	0	0	0	0	0	120	0	533	0	0	0	0
100.02 Disaster Preparedness	0	0	0	0	0	19	0	82	0	0	0	0
100.03 Marketing	35,482	49,183	0	26,062	0	0	0	771	0	0	0	0
100.04 Grants	3,996	5,539	0	2,935	0	23,824	0	105,467	11,071	25,394	0	0
100.05 Diabetes Education	0	0	0	0	0	2,222	0	9,838	607	0	0	0
100.06 MOB	12,578	17,436	0	9,239	0	0	0	0	33	0	0	0
TOTAL	2,999,012	3,897,984	919,522	2,004,593	2,982,973	540,322	0	2,323,345	1,003,218	2,652,970	1,670,154	346,632

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT (Adj 4) 26.00	TOTAL COST 27.00
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
2.00 Old Cap Rel Costs-Movable Equipmer											
3.00 New Cap Rel Costs-Bldg & Fixtures											
4.00 New Cap Rel Costs-Movable Equipme											
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00 Employee Benefits											
6.01 Non-Patient Telephones											
6.02 Data Processing											
6.03 Purchasing/Receiving											
6.04 Patient Admitting											
6.05 Patient Business Office											
6.06											
6.07											
6.08											
6.00 Administrative and General											
7.00 Maintenance and Repairs											
8.00 Operation of Plant											
9.00 Laundry and Linen Service											
10.00 Housekeeping											
11.00 Dietary											
12.00 Cafeteria											
13.00 Maintenance of Personnel											
14.00 Nursing Administration											
15.00 Central Services & Supply											
16.00 Pharmacy											
17.00 Medical Records and Library											
18.00 Social Service											
19.00											
19.02	0										
19.03	0										
20.00	0										
21.00 Nursing School	0				0						
22.00 Intern & Res Service-Salary & Fringes	0				0						
23.00 Intern & Res Other Program	0				0						
24.00 Paramedical Ed Program	0				0		0				
INPATIENT ROUTINE COST CENTE											
25.00 Adults & Pediatrics (Gen Routine)	0				0				17,226,498	11,392,132	28,618,630
26.00 Intensive Care Unit	0				0				0	0	3,894,460
27.00 Coronary Care Unit	0				0				0	0	0
31.00 Subprovider I - Rehab	0				0				4,755,202	(4,755,202)	0
31.01 Subprovider II - Psych	0				0				6,636,929	(6,636,929)	0
31.02	0				0				0	0	0
31.03	0				0				0	0	0
32.00	0				0				0	0	0
33.00 Nursery	0				0				632,144	0	632,144
34.00 Lomita SACC DP	0				0				167,251	0	167,251
35.00 San Pedro DP	0				0				107,891	0	107,891
36.00 Lomita SACC Subacute	0				0				4,818,198	0	4,818,198
36.01 San Pedro Subacute	0				0				14,425,913	0	14,425,913
36.02 Transitional Care Unit	0				0				0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON- PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL	STEP-DOWN ADJUSTMENT (Adj 4) 26.00	TOTAL COST	
												POST
ANCILLARY COST CENTERS												
37.00 Operating Room	0	0	0	0	0	0	0	0	2,894,248	0	2,894,248	
38.00 Recovery Room	0	0	0	0	0	0	0	0	482,253	0	482,253	
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	1,600,072	0	1,600,072	
40.00 Anesthesiology	0	0	0	0	0	0	0	0	301,248	0	301,248	
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	2,931,868	0	2,931,868	
41.01	0	0	0	0	0	0	0	0	0	0	0	
41.02	0	0	0	0	0	0	0	0	0	0	0	
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	280,275	0	280,275	
43.00 Radioisotope	0	0	0	0	0	0	0	0	547,240	0	547,240	
44.00 Laboratory	0	0	0	0	0	0	0	0	3,048,991	0	3,048,991	
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	
46.00 Whole Blood	0	0	0	0	0	0	0	0	1,130,532	0	1,130,532	
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	5,103,196	0	5,103,196	
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,230,741	0	2,230,741	
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,661,487	0	1,661,487	
52.00 Speech Pathology	0	0	0	0	0	0	0	0	374,207	0	374,207	
53.00 Electrocardiology	0	0	0	0	0	0	0	0	815,569	0	815,569	
54.00 Electroencephalography	0	0	0	0	0	0	0	0	97,416	0	97,416	
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	7,534,192	0	7,534,192	
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	7,902,496	0	7,902,496	
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	333,441	0	333,441	
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	1,839,788	0	1,839,788	
58.01 Ultra Sound	0	0	0	0	0	0	0	0	458,123	0	458,123	
59.00 Cardiac Catheterization Laboratory	0	0	0	0	0	0	0	0	486,807	0	486,807	
59.01 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	283,865	0	283,865	
59.02 CAT Scan	0	0	0	0	0	0	0	0	564,676	0	564,676	
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	
60.01 PHP - Bridges	0	0	0	0	0	0	0	0	97,905	0	97,905	
60.02 OP Psy CDC	0	0	0	0	0	0	0	0	378,068	0	378,068	
61.00 Emergency	0	0	0	0	0	0	0	0	4,916,309	0	4,916,309	
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	
86.00	0	0	0	0	0	0	0	0	0	0	0	
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	65,003	0	65,003	
96.01 Beauty and Barber	0	0	0	0	0	0	0	0	6,097	0	6,097	
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	
99.01	0	0	0	0	0	0	0	0	0	0	0	
99.02	0	0	0	0	0	0	0	0	0	0	0	
99.03 Chemical Dependency Unit	0	0	0	0	0	0	0	0	2,135,353	0	2,135,353	
100.00 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	4,534	0	4,534	
100.01 Nutritional Counseling	0	0	0	0	0	0	0	0	12,222	0	12,222	
100.02 Disaster Preparedness	0	0	0	0	0	0	0	0	1,634	0	1,634	
100.03 Marketing	0	0	0	0	0	0	0	0	226,651	0	226,651	
100.04 Grants	0	0	0	0	0	0	0	0	2,708,219	0	2,708,219	
100.05 Diabetes Education	0	0	0	0	0	0	0	0	113,089	0	113,089	
100.06 MOB	0	0	0	0	0	0	0	0	72,001	0	72,001	
TOTAL	0	0	0	0	0	0	0	0	106,304,308	0	106,304,308	

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU M COST)	MAINT & REPAIRS (SQ FT)
	(Adj)	6.01 (Adj)	6.02 (Adj)	6.03 (Adj)	6.04 (Adj)	6.05 (Adj)	6.06 (Adj)	6.07 (Adj)	6.08 (Adj)		(Adj 15-19)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		(Adj)
ANCILLARY COST CENTERS											
37.00	Operating Room	1,248,621								1,875,845	8,181
38.00	Recovery Room	343,164								383,822	
39.00	Delivery Room and Labor Room	805,034								1,049,501	5,620
40.00	Anesthesiology									241,636	
41.00	Radiology - Diagnostic	1,556,272								2,167,267	3,361
41.01										0	
41.02										0	
42.00	Radiology - Therapeutic	95,473								179,833	1,175
43.00	Radioisotope Laboratory	1,114,298								414,553	854
44.00	Pathological Lab	1,070,811								2,192,439	5,133
44.01	Whole Blood	195,759								0	
46.00	Blood Storing and Processing									863,297	410
47.00	Intravenous Therapy									0	
48.00	Respiratory Therapy	2,594,319								3,686,939	2,453
49.00	Physical Therapy	1,110,798								1,643,292	3,618
50.00	Occupational Therapy	989,837								1,232,451	1,990
51.00	Speech Pathology	197,790								259,130	1,096
52.00	Electrocardiology	371,088								520,789	2,788
53.00	Electroencephalography	39,374								59,282	464
54.00	Medical Supplies Charged to Patients									6,049,489	
55.00	Drugs Charged to Patients									4,376,900	
56.00	Renal Dialysis									274,608	
57.00	ASC (Non-Distinct Part)	1,090,095								1,349,310	2,703
58.00	Ultra Sound	275,490								328,231	565
58.01	Cardiac Catheterization Laboratory	282,354								366,566	115
59.00	Magnetic Resonance Imaging (MRI)	125,970								172,075	720
59.01	CAT Scan	260,244								338,061	1,090
59.02	Clinic									0	
60.00	PHP - Bridges									37,309	997
60.01	OP Psy ODC									168,128	3,349
60.02	Emergency	2,836,984								3,592,011	5,875
61.00	Observation Beds									0	
62.00										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									24,008	734
96.01	Beauty and Barber	4,660								5,155	
98.00	Physicians' Private Office									0	
99.00	Nonpaid Workers									0	
99.01										0	
99.02										0	
99.03	Chemical Dependency Unit									1,373,196	3,128
100.00	Other Nonreimbursable Cost Centers									3,446	
100.01	Nutritional Counseling	8,729								9,782	
100.02	Disaster Preparedness	1,159								1,296	
100.03	Marketing									97,367	2,220
100.04	Grants	1,469,096								2,139,196	250
100.05	Diabetes Education	68,288								84,910	
100.06	MOB	1,340								27,661	787
TOTAL		53,761,852	0	0	0	0	0	0	0	89,883,896	187,641
COST TO BE ALLOCATED		2,376,958	0	0	0	0	0	0	0	16,420,412	2,999,012
UNIT COST MULTIPLIER - SCH 8		0.044213	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.182685	15.982709

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Adj 15-19) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj 20-24) (Adj)	HOUSE-KEEPING (SQ FT) (Adj 15-19) (Adj)	DIETARY (MEALS SERVED) (Adj 25-27) (Adj)	CAFETERIA (FTEs) (Adj 28,29) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (FTEs) (Adj 28,29) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS CHARGES) (Adj)	SOC SERV (PATIENT DAYS) (Adj 30) (Adj)	STAT (Adj)
GENERAL SERVICE COST CENTERS												
1.00												
2.00												
3.00												
4.00												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00												
6.01												
6.02												
6.03												
6.04												
6.05												
6.06												
6.07												
6.08												
6.00												
7.00												
8.00												
9.00												
10.00	1,229											
11.00	3,964		8,091									
12.00	2,820		2,820									
13.00					1,675							
14.00	942		942									
15.00	8,618		8,618				331					
16.00	1,892	1,532	1,892		1,415		1,415	56,607				
17.00	2,494		2,494		1,171		1,171	21,175				
18.00					358		358	136				
19.00												
19.02												
19.03												
20.00												
21.00												
22.00												
23.00												
24.00												
25.00	28,752	178,186	28,752	64,491	7,672	7,672	7,672	514,816	71,255	68,457,470	21,499	
26.00	3,908	45,412	3,908	5,656	1,400	1,400	1,400	171,899	26,873	16,428,125	2,828	
27.00												
31.00	5,503	65,535	5,503	15,771	2,711	2,711	2,711	117,510	4,420	13,084,015	5,257	
31.01	14,718	35,164	14,718	22,875	3,716	3,716	3,716	47,176	1,270	18,566,650	7,625	
31.02												
31.03												
32.00												
33.00	1,889	9,526	1,889		291	291	291	1,105		2,131,195	1,497	
34.00	1,805	1,015	1,805	153	6	6	6	929		25,300	51	
35.00	822	4,855	822	732	113	113	113	28,732	3,308	25,445	244	
36.00	4,764	168,499	4,764	13,173	3,877	3,877	3,877	208,850	40,155	9,375,105	8,469	
36.01	24,059	491,690	24,059	35,043	11,710	11,710	11,710	600,145	14,231	31,949,300	24,713	
36.02												

Old Cap Rel Costs-Bldg & Fixtures
Old Cap Rel Costs-Movable Equipment
New Cap Rel Costs-Bldg & Fixtures
New Cap Rel Costs-Movable Equipment

Employee Benefits
Non-Patient Telephones
Data Processing
Purchasing/Receiving
Patient Admitting
Patient Business Office

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

Nursing School
Intern & Res Service-Salary & Fringes
Intern & Res Other Program
Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

Adults & Pediatrics (Gen Routine)
Intensive Care Unit
Coronary Care Unit
Subprovider I - Rehab
Subprovider II - Psych

Nursery
Lomita SACC DP
San Pedro DP
Lomita SACC Subacute
San Pedro Subacute
Transitional Care Unit

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Adj 15-19) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj 20-24) (Adj)	HOUSE-KEEPING (SQ FT) (Adj 15-19) (Adj)	DIETARY (MEALS SERVED) (Adj 25-27) (Adj)	CAFETERIA (FTEs) (Adj 28,29) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj) (Adj)	NURSING ADMIN (FTEs) (Adj 28,29) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj) (Adj)	PHARMACY (COSTS REQUIS) (Adj) (Adj)	MED REC (GROSS CHARGES) (Adj) (Adj)	SOC SERV (PATIENT DAYS) (Adj 30) (Adj)	STAT
ANCILLARY COST CENTERS												
37.00	8,181	73,362	8,181	1,438	1,438	1,438	1,438	418,624	28,260	29,109,776	18,000	19,000
38.00		6,724	255	255	255	255	255	15,879	5,626	2,145,386		
39.00	5,620	28,349	5,620	866	866	866	866	7,622	376	6,339,726		
40.00										5,689,050		
41.00	3,361	42,082	3,361	2,520	2,520	2,520	2,520	47,262	265	15,860,889		
41.01												
41.02												
42.00	1,175		1,175	113	113	113	113	3,863	516	1,116,808		
43.00	854		854	116	116	116	116	3,351		3,106,084		
44.00	5,133		5,133					623,043		46,838,945		
44.01												
46.00	410		410					598,873		3,745,765		
47.00												
48.00												
49.00	2,453		2,453	3,159	3,159	3,159	3,159	511,847	100	157,396,091		
50.00	3,618	10,219	3,618	1,410	1,410	1,410	1,410	11,457		11,017,907		
51.00	1,990	13,774	1,990	1,479	1,479	1,479	1,479	17,760		7,474,306		
52.00	1,096	0	1,096	190	190	190	190	1,281		1,342,206		
53.00	2,788	12,577	2,788	488	488	488	488	13,915		10,300,973		
54.00	464		464	47	47	47	47	720		681,527		
55.00								2,655,769	3,947,536	10,427,854		
56.00										97,147,288		
57.00										3,467,071		
58.00	2,703	29,747	2,703	1,034	1,034	1,034	1,034	110,067	9,810	6,577,427		
58.01	565	8,718	565	281	281	281	281	16,677	525	7,688,341		
59.00	115		115	220	220	220	220	198,015	1,483	3,682,864		
59.01												
59.02	1,090		1,090	140	140	140	140	36,446	307	12,948,120		
60.00	997		997	271	271	271	271	50,479	533	35,934,273		
60.01								3,440		1,438,508		
60.02	3,349	5,882	3,349					1,637		3,206,073		
61.00	5,875	119,941	5,875	3,006	3,006	3,006	3,006	322,108	67,353	23,429,134		
62.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00												
96.01	734		734									
98.00												
99.00												
99.01												
99.02												
99.03	3,128	14,107	3,128	15,747	1,498	1,498	1,498	3,446				
100.00												
100.01	2,220		2,220									
100.02	250		250									
100.03	787		787									
100.04												
100.05												
100.06												
TOTAL	175,946	1,366,896	170,753	173,641	58,356	0	56,681	7,537,208	4,265,026	668,154,997	72,183	0
COST TO BE ALLOCATED	3,897,984	919,522	2,004,593	2,982,973	540,322	0	2,323,345	1,003,218	2,652,970	1,670,154	346,632	0
UNIT COST MULTIPLIER - SCH 8	22.154431	0.672708	11.739724	17.178967	9.259071	0.000000	40.989845	0.133102	0.622029	0.002500	4.802123	0.000000

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
GENERAL SERVICE COST CENTERS							
1.00 Old Cap Rel Costs-Bldg & Fixtures	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
2.00 Old Cap Rel Costs-Movable Equipment	(Adj)						
3.00 New Cap Rel Costs-Bldg & Fixtures							
4.00 New Cap Rel Costs-Movable Equipment							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00 Employee Benefits							
6.01 Non-Patient Telephones							
6.02 Data Processing							
6.03 Purchasing/Receiving							
6.04 Patient Admitting							
6.05 Patient Business Office							
6.06							
6.07							
6.08							
6.00 Administrative and General							
7.00 Maintenance and Repairs							
8.00 Operation of Plant							
9.00 Laundry and Linen Service							
10.00 Housekeeping							
11.00 Dietary							
12.00 Cafeteria							
13.00 Maintenance of Personnel							
14.00 Nursing Administration							
15.00 Central Services & Supply							
16.00 Pharmacy							
17.00 Medical Records and Library							
18.00 Social Service							
19.00							
19.02							
19.03							
20.00							
21.00 Nursing School							
22.00 Intern & Res Service-Salary & Fringes							
23.00 Intern & Res Other Program							
24.00 Paramedical Ed Program							
INPATIENT ROUTINE COST CENTERS							
25.00 Adults & Pediatrics (Gen Routine)							
26.00 Intensive Care Unit							
27.00 Coronary Care Unit							
31.00 Subprovider I - Rehab							
31.01 Subprovider II - Psych							
31.02							
31.03							
32.00							
33.00 Nursery							
34.00 Lomita SACC DP							
35.00 San Pedro DP							
36.00 Lomita SACC Subacute							
36.01 San Pedro Subacute							
36.02 Transitional Care Unit							

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	3,384,203	(957,695)	2,426,508
4.00	New Cap Rel Costs-Movable Equipment	3,871,470	426,959	4,298,429
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	10,002,126	(7,647,933)	2,354,193
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	14,119,776	1,575,400	15,695,176
7.00	Maintenance and Repairs	2,658,599	(172,809)	2,485,790
8.00	Operation of Plant	2,721,143	0	2,721,143
9.00	Laundry and Linen Service	698,096	(438)	697,658
10.00	Housekeeping	1,418,112	(25,683)	1,392,429
11.00	Dietary	1,320,913	544,113	1,865,026
12.00	Cafeteria	779,671	(552,627)	227,044
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	1,812,499	(3,289)	1,809,210
15.00	Central Services & Supply	268,427	(85,492)	182,935
16.00	Pharmacy	1,974,159	(21,896)	1,952,263
17.00	Medical Records and Library	1,151,763	0	1,151,763
18.00	Social Service	267,343	0	267,343
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	12,021,616	(1,641,595)	10,380,021
26.00	Intensive Care Unit	2,840,545	(149,539)	2,691,006
27.00	Coronary Care Unit	0	0	0
31.00	Subprovider I - Rehab	3,154,018	(91,408)	3,062,610
31.01	Subprovider II - Psych	3,822,994	(24,906)	3,798,088
31.02			0	0
31.03			0	0
32.00			0	0
33.00	Nursery	352,601	0	352,601
34.00	Lomita SACC DP	3,386	(634)	2,752
35.00	San Pedro DP	27,013	(21,552)	5,461
36.00	Lomita SACC Subacute	3,442,406	(380,528)	3,061,878
36.01	San Pedro Subacute	8,759,343	(214,708)	8,544,635
36.02	Transitional Care Unit	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 1,941,354	\$ (388,297)	\$ 1,553,057
38.00	Recovery Room	383,331	(14,681)	368,650
39.00	Delivery Room and Labor Room	830,305	(215)	830,090
40.00	Anesthesiology	248,014	(6,378)	241,636
41.00	Radiology - Diagnostic	2,013,331	(24,802)	1,988,529
41.01		0	0	0
41.02		0	0	0
42.00	Radiology - Therapeutic	138,314	(1,134)	137,180
43.00	Radioisotope	384,917	(3,350)	381,567
44.00	Laboratory	1,977,208	(2)	1,977,206
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	841,232	0	841,232
47.00	Blood Storing and Processing	0	0	0
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	4,000,739	(508,734)	3,492,005
50.00	Physical Therapy	1,478,556	(2,713)	1,475,843
51.00	Occupational Therapy	1,136,460	(12,861)	1,123,599
52.00	Speech Pathology	215,000	(463)	214,537
53.00	Electrocardiology	420,657	(7,464)	413,193
54.00	Electroencephalography	43,085	(720)	42,365
55.00	Medical Supplies Charged to Patients	2,655,769	3,393,720	6,049,489
56.00	Drugs Charged to Patients	4,376,900	0	4,376,900
57.00	Renal Dialysis	274,608	0	274,608
58.00	ASC (Non-Distinct Part)	1,286,231	(73,526)	1,212,705
58.01	Ultra Sound	313,039	(15,468)	297,571
59.00	Cardiac Catheterization Laboratory	544,152	(193,831)	350,321
59.01	Magnetic Resonance Imaging (MRI)	179,355	(36,399)	142,956
59.02	CAT Scan	339,482	(48,579)	290,903
60.00	Clinic	0	0	0
60.01	PHP - Bridges	3,440	1,259	4,699
60.02	OP Psy CDC	58,718	(129)	58,589
61.00	Emergency	3,558,458	(284,037)	3,274,421
62.00	Observation Beds	0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
	SUBTOTAL	\$ 110,514,877	\$ (7,675,064)	\$ 102,839,813
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
96.01	Beauty and Barber	4,949	0	4,949
98.00	Physicians' Private Office	0	0	0
99.00	Nonpaid Workers	0	0	0
99.01		0	0	0
99.02		0	0	0
99.03	Chemical Dependency Unit	0	1,270,886	1,270,886
100.00	Other Nonreimbursable Cost Centers	3,446	0	3,446
100.01	Nutritional Counseling	9,396	0	9,396
100.02	Disaster Preparedness	1,245	0	1,245
100.03	Marketing	24,755	0	24,755
100.04	Grants	2,067,444	(1,378)	2,066,066
100.05	Diabetes Education	81,891	0	81,891
100.06	MOB	1,861	0	1,861
100.99	SUBTOTAL	\$ 2,194,987	\$ 1,269,508	\$ 3,464,495
101	TOTAL	\$ 112,709,864	\$ (6,405,556)	\$ 106,304,308

(To Schedule 8)

Provider Name:
SAN PEDRO PENINSULA HOSPITAL

Page 1
Fiscal Period Ended:
DECEMBER 31, 2008

	TOTAL ADJ (Page 1 & 2)	5	6	7	8	9	10	11	12	13	14	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
ANCILLARY COST CENTERS															
37.00 Operating Room	(388,297)		(388,242)												
38.00 Recovery Room	(14,681)		(14,681)			(65)									
39.00 Delivery Room and Labor Room	(215)		(215)												
40.00 Anesthesiology	(6,378)		(6,378)												
41.00 Radiology - Diagnostic	(24,802)		(24,802)												
41.01	0														
41.02	0														
42.00 Radiology - Therapeutic	(1,134)		(1,134)												
43.00 Radioisotope	(3,350)		(3,350)												
44.00 Laboratory	(2)		(2)												
44.01 Pathological Lab	0														
46.00 Whole Blood	0														
47.00 Blood Storing and Processing	0														
48.00 Intravenous Therapy	0														
49.00 Respiratory Therapy	(508,734)		(508,734)												
50.00 Physical Therapy	(2,713)		(2,513)			(200)									
51.00 Occupational Therapy	(12,861)		(12,861)												
52.00 Speech Pathology	(463)		(463)												
53.00 Electrocardiology	(7,464)		(7,464)												
54.00 Electroencephalography	(720)		(720)												
55.00 Medical Supplies Charged to Patients	3,393,720		3,393,720												
56.00 Drugs Charged to Patients	0														
57.00 Renal Dialysis	0														
58.00 ASC (Non-Distinct Part)	(73,526)		(80,011)			6,485									
58.01 Ultra Sound	(15,468)		(15,468)												
59.00 Cardiac Catheterization Laboratory	(193,831)		(193,831)												
59.01 Magnetic Resonance Imaging (MRI)	(36,399)		(36,399)												
59.02 CAT Scan	(48,579)		(48,579)												
60.00 Clinic	0														
60.01 PHP - Bridges	1,259					1,259									
60.02 OP Psy CDC	(129)		(129)												
61.00 Emergency	(284,037)		(284,037)												
62.00 Observation Beds	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 Beauty and Barber	0														
98.00 Physicians' Private Office	0														
99.00 Nonpaid Workers	0														
99.01	0														
99.02	0														
99.03 Chemical Dependency Unit	1,270,886		1,270,886												
100.00 Other Nonreimbursable Cost Centers	0														
100.01 Nutritional Counseling	0														
100.02 Disaster Preparedness	0														
100.03 Marketing	0														
100.04 Grants	(1,378)					(1,378)									
100.05 Diabetes Education	0														
100.06 MOB	0														
101.00 TOTAL	(\$6,405,556)	0	0	0	0	3,317	(1,343)	(3,435,075)	(1,330,916)	106,786	(1,748,325)	0	0	0	0

(To Sch 10)

Provider Name:

SAN PEDRO PENINSULA HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	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	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
GENERAL SERVICE COST CENTER																						
1.00																						
2.00																						
3.00																						
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4.01																						
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INPATIENT ROUTINE COST CENTERS																						
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27.00																						
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31.02																						
31.03																						
32.00																						
33.00																						
34.00																						
35.00																						
36.00																						
36.01																						
36.02																						

Old Cap Rel Costs-Bldg & Fixtures
Old Cap Rel Costs-Movable Equipment
New Cap Rel Costs-Bldg & Fixtures
New Cap Rel Costs-Movable Equipment

Employee Benefits
Non-Patient Telephones
Data Processing
Purchasing/Receiving
Patient Admitting
Patient Business Office

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

Nursing School
Intern & Res Service-Salary & Fringes
Intern & Res Other Program
Paramedical Ed Program

Adults & Pediatrics (Gen Routine)
Intensive Care Unit
Coronary Care Unit
Subprovider I - Rehab
Subprovider II - Psych
Nursery
Lomita SACC DP
San Pedro DP
Lomita SACC Subacute
San Pedro Subacute
Transitional Care Unit

Provider Name		Fiscal Period		Provider Number		Adjustments				
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line	Col.				
1			<p>Explanation of Audit Adjustments MEMORANDUM ADJUSTMENTS</p> <p>Subacute costs and statistics reported in the cost report on Lomita SACC Subacute, line 31.02 and Skilled Nursing Facility, line 34 have been reclassified into the audit report on line 36.00 and line 36.01, respectively. The name of the cost center for line 36.00 and line 36.01 will be changed to Lomita SACC Subacute and San Pedro Subacute, respectively. This was done in accordance with CMS Pub. 15-2, Section 3610.</p>							
2			<p>DPNF cost and statistics reported in the cost report on Lomita SACC DPNF, line 31.03 have been reclassified into the audit report on line 34.00. The name of the cost center for line 34.00 will be changed to Lomita SACC DPNF. This was done in accordance with CMS Pub. 15-2, Section 3610.</p>							
3			<p>The name of the cost center for line 35.00 will be changed to San Pedro DPNF. This was done in accordance with CMS Pub. 15-2, Section 3610.</p>							
4			<p>The Rehabilitation and Psychiatric cost reported in the cost report on the Subprovider I, line 31.00, and Subprovider II, line 31.01 will be combined with Adults and Pediatrics, line 25.00, after step-down since the units do not meet separate cost center criteria. This is done in accordance with CMS Pub. 15-1, Section 2336.1</p>							

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted
			Part	Title	Line			
RECLASSIFICATIONS OF REPORTED COSTS								
5	10A	A	25.00	7	Adults and Pediatrics	\$12,021,616	(\$1,270,886)	\$10,750,730 *
	10A	A	99.03	7	Chemical Dependency Unit	0	1,270,886	1,270,886
To reclassify chemical dependency costs from the Adult and Pediatrics cost center to a nonreimbursable cost center. 42 CFR 413.9, 413.24, and 413.50 CMS Pub. 15-1, Sections 2102.3, 2304, and 2328								
6	10A	A	55.00	7	Medical Supplies Charged to Patients	\$2,655,769	\$3,393,720	\$6,049,489
	10A	A	5.00	7	Employee Benefits	10,002,126	(999)	10,001,127 *
	10A	A	6.00	7	Administrative and General	14,119,776	(193,238)	13,926,538 *
	10A	A	7.00	7	Maintenance and Repairs	2,658,599	(172,809)	2,485,790
	10A	A	9.00	7	Laundry and Linen Service	698,096	(438)	697,658
	10A	A	10.00	7	Housekeeping	1,418,112	(25,683)	1,392,429
	10A	A	11.00	7	Dietary	1,320,913	(8,514)	1,312,399 *
	10A	A	14.00	7	Nursing Administration	1,812,499	(1,946)	1,810,553 *
	10A	A	15.00	7	Central Services and Supply	268,427	(85,492)	182,935
	10A	A	16.00	7	Pharmacy	1,974,159	(21,896)	1,952,263
	10A	A	25.00	7	Adults and Pediatrics	10,750,730	(370,709)	10,380,021
	10A	A	26.00	7	Intensive Care Unit	2,840,545	(149,539)	2,691,006
	10A	A	31.00	7	Subprovider	3,154,018	(91,408)	3,062,610
	10A	A	31.01	7	Psych Unit	3,822,994	(24,906)	3,798,088
	10A	A	36.00	7	Lomita SACC Subacute	3,442,406	(120,132)	3,322,274 *
	10A	A	34.00	7	Lomita SACC DPNF	3,386	(634)	2,752
	10A	A	36.01	7	San Pedro Subacute	8,759,343	(473,812)	8,285,531 *
	10A	A	35.00	7	San Pedro DPNF	27,013	(21,552)	5,461
	10A	A	37.00	7	Operating Room	1,941,354	(388,242)	1,553,112 *
	10A	A	38.00	7	Recovery Room	383,331	(14,681)	368,650
	10A	A	39.00	7	Delivery Room and Labor Room	830,305	(215)	830,090
	10A	A	40.00	7	Anesthesiology	248,014	(6,378)	241,636
	10A	A	41.00	7	Radiology - Diagnostic	2,013,331	(24,802)	1,988,529
	10A	A	42.00	7	Radiology - Therapeutic	138,314	(1,134)	137,180

-Continued on next page-

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted
			Part	Title	Line			
RECLASSIFICATIONS OF REPORTED COSTS								
-Continued from previous page-								
10A	A		43.00	7	Radioisotope Laboratory	\$384,917	(\$3,350)	\$381,567
10A	A		44.00	7	Laboratory	1,977,208	(2)	1,977,206
10A	A		49.00	7	Respiratory Therapy	4,000,739	(508,734)	3,492,005
10A	A		50.00	7	Physical Therapy	1,478,556	(2,513)	1,476,043 *
10A	A		51.00	7	Occupational Therapy	1,136,460	(12,861)	1,123,599
10A	A		52.00	7	Speech Therapy	215,000	(463)	214,537
10A	A		53.00	7	Electrocardiology	420,657	(7,464)	413,193
10A	A		54.00	7	Electroencephalography	43,085	(720)	42,365
10A	A		58.00	7	ASC (Non-Distinct Part)	1,286,231	(80,011)	1,206,220 *
10A	A		58.01	7	Ultrasound	313,039	(15,468)	297,571
10A	A		59.00	7	Cardiac Catheterization Laboratory	544,152	(193,831)	350,321
10A	A		59.01	7	Magnetic Resonance Imaging	179,355	(36,399)	142,956
10A	A		59.02	7	Cat Scan	339,482	(48,579)	290,903
10A	A		60.02	7	OP Psy CDC	58,718	(129)	58,589
10A	A		61.00	7	Emergency	3,558,458	(284,037)	3,274,421
To reclassify Medical Supplies Charged to Patients from various cost centers to Medical Supplies Charged to Patients for proper cost finding.								
42 CFR 413.20, 413.24, and 413.50								
CMS Pub. 15-1, Sections 2304 and 2306								
7	A		36.00	7	Lomita SACC Subacute	\$3,322,274	(\$259,104)	\$3,063,170 *
10A	A		36.01	7	San Pedro Subacute	8,285,531	259,104	8,544,635
To reclassify Subacute expenses related to the San Pedro Campus for proper cost finding.								
42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2302.8 and 2304								
8	A		11.00	7	Dietary	\$1,312,399	\$552,627	\$1,865,026
10A	A		12.00	7	Cafeteria	779,671	(552,627)	227,044
To reclassify costs from Cafeteria to Dietary for proper cost allocation.								
42 CFR 413.20, 413.24, and 413.50								
CMS Pub. 15-1, Sections 2300, 2302.4B, 2304, and 2306								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
9	10A	A	6.00	7	Administrative and General	\$13,926,538	(\$1,502)	\$13,925,036 *
	10A	A	36.00	7	Lomita SACC Subacute	3,063,170	(1,292)	3,061,878
	10A	A	37.00	7	Operating Room	1,553,112	(55)	1,553,057
	10A	A	50.00	7	Physical Therapy	1,476,043	(200)	1,475,843
	10A	A	58.00	7	ASC (Non-Distinct Part)	1,206,220	6,485	1,212,705
	10A	A	60.01	7	PHP-Bridges	3,440	1,259	4,699
	10A	A	100.04	7	Grants	2,067,444	(1,378)	2,066,066
To reconcile the reported expenses to agree with the provider's trial balance.								
42 CFR 413.20 and 413.24								
CMS Pub. 15-1, Sections 2300 and 2304								
10	10A	A	14.00	7	Nursing Administration	\$1,810,553	(\$1,343)	\$1,809,210
To adjust the provider's adjustment to agree with the trial balance.								
42 CFR 413.20 and 413.24								
CMS Pub. 15-1, Sections 2300 and 2304								
11	10A	A	3.00	7	New Capital Related Costs - Buildings and Fixtures	\$3,384,203	\$373,221	\$3,757,424 *
	10A	A	4.00	7	New Capital Related Costs - Movable Equipment	3,871,470	426,959	4,298,429
	10A	A	5.00	7	Employee Benefits	10,001,127	(7,753,720)	2,247,407 *
	10A	A	6.00	7	Administrative and General	13,925,036	3,518,465	17,443,501 *
To adjust reported home office costs to agree with the Providence Health and Services Home Office Audit Reports for fiscal period ended December 31, 2008.								
42 CFR 413.17 and 413.24								
CMS Pub. 15-1, Sections 2150.2 and 2304								
12	10A	A	3.00	7	New Capital Related Costs - Buildings and Fixtures	\$3,757,424	(\$1,330,916)	\$2,426,508
To abate interest income against interest expense.								
42 CFR 413.153(b)(2)(iii) / CMS Pub. 15-1, Section 202.2								
CMS Pub. 15-2, Section 3613								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
13	10A	A	5.00	7	Employee Benefits	* \$2,247,407	\$106,786	\$2,354,193
					To adjust the workers' compensation paid losses to agree with the provider's documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			
14	10A	A	6.00	7	Administrative and General	* \$17,443,501	(\$1,748,325)	\$15,695,176
					To adjust the workers' compensation paid losses to agree with the provider's documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC 30078G		55	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted	
			Part	Title	Line				
15	9	B-1	9.00	1-4,7,8	Laundry and Linen Services (Square Feet)	3,723	(2,494)	1,229	
	9	B-1	17.00	1-4,7,8,10	Medical Records	0	2,494	2,494	
16	9	B-1	11.00	1-4,7,8,10	Dietary (Square Feet)	6,782	1,309	8,091	
	9	B-1	12.00	1-4,7,8,10	Cafeteria	4,129	(1,309)	2,820	
17	9	B-1	25.00	1-4,7,8,10	Adults and Pediatrics (Square Feet)	27,737	4,143	31,880 *	
	9	B-1	33.00	1-4,7,8,10	Nursery	0	1,889	1,889	
	9	B-1	39.00	1-4,7,8,10	Delivery Room and Labor Room	11,652	(6,032)	5,620	
18	9	B-1	25.00	1-4,7,8,10	Adults and Pediatrics (Square Feet)	31,880	(3,128)	28,752	
	9	B-1	99.03	1-4,7,8,10	Chemical Dependency Unit	0	3,128	3,128	
To reclassify reported square footage statistics for proper cost finding. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306									
* To reclassify chemical dependency square footage statistics to a nonreimbursable cost center. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Section 2328									
19	9	B-1	6.00	1-4	Administrative and General (Square Feet)	15,869	518	16,387	
	9	B-1	31.01	1-4,7,8,10	Psych Unit	7,318	7,400	14,718	
	9	B-1	36.00	1-4,7,8,10	Lomita SACC Subacute	19,058	(14,294)	4,764	
	9	B-1	34.00	1-4,7,8,10	Lomita SACC DPNF	7,220	(5,415)	1,805	
	9	B-1	36.01	1-4,7,8,10	San Pedro Subacute	33,175	(9,116)	24,059	
	9	B-1	35.00	1-4,7,8,10	San Pedro DPNF	0	822	822	
	9	B-1	1.00-4.00	1-4	Total - Square Feet	225,691	(20,085)	205,606	
	9	B-1	7.00	7	Total - Square Feet	208,244	(20,603)	187,641	
	9	B-1	8.00	8	Total - Square Feet	196,549	(20,603)	175,946	
	9	B-1	10.00	10	Total - Square Feet	188,862	(18,109)	170,753	
To adjust square footage statistics to agree with the provider's square footage schedule. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306									

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED STATISTICS								
20	9	B-1		50.00	9	Physical Therapy (Pounds of Laundry)	0	10,219
	9	B-1		51.00	9	Occupational Therapy	10,219	(10,219)
21	9	B-1		51.00	9	Occupational Therapy (Pounds of Laundry)	0	13,774
	9	B-1		52.00	9	Speech Pathology	13,774	(13,774)
* To reclassify the reported pounds of laundry statistics for proper cost findings. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306								
22	9	B-1		25.00	9	Adults and Pediatrics (Pounds of Laundry)	230,168	(37,875)
	9	B-1		33.00	9	Nursery	0	9,526
	9	B-1		39.00	9	Delivery Room & Labor Room	0	28,349
* To reclassify pounds of laundry statistics for proper cost findings. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306								
23	9	B-1		25.00	9	Adults and Pediatrics (Pounds of Laundry)	192,293	(14,107)
	9	B-1		99.03	9	Chemical Dependency Unit	0	14,107
* To reclassify chemical dependency pounds of laundry statistics to a nonreimbursable cost center. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Section 2328								
24	9	B-1		36.00	9	Lomita SACC Subacute (Pounds of Laundry)	102,000	66,499
	9	B-1		34.00	9	Lomita SACC DPNF	0	1,015
	9	B-1		36.01	9	San Pedro Subacute	562,910	(71,220)
	9	B-1		35.00	9	San Pedro DPNF	0	4,855
	9	B-1		9.00	9	Total - Pounds of Laundry	1,365,747	1,149
* To adjust pounds of laundry statistics to agree with the provider's invoices. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED STATISTICS								
25	9	B-1	25.00	11	Adults and Pediatrics (Meals Served)	80,238	(15,747)	64,491
	9	B-1	99.03	11	Chemical Dependency Unit To reclassify chemical dependency meal statistics to a nonreimbursable cost center. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Section 2328	0	15,747	15,747
26	9	B-1	36.00	11	Lomita SACC Subacute (Meals Served)	5,717	7,456	13,173
	9	B-1	36.01	11	San Pedro Subacute	46,652	(11,609)	35,043
	9	B-1	11.00	11	Total - Meals Served To adjust the reported dietary meals statistics and include only the non-tube feeding patient meals for subacute patients. 42 CFR 413.24 / CMS Pub. 15-1, Section 2304	176,909	(4,153)	172,756 *
27	9	B-1	34.00	11	Lomita SACC DPNF (Meals Served)	0	153	153
	9	B-1	35.00	11	San Pedro DPNF	0	732	732
	9	B-1	11.00	11	Total - Meals Served To include dietary meals statistics for the Skilled Nursing facilities for proper cost finding. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306	172,756	885	173,641
28	9	B-1	25.00	12,14	Adults and Pediatrics (FTE's x 100)	10,327	(1,498)	8,829 *
	9	B-1	99.03	12,14	Chemical Dependency Unit To reclassify chemical dependency FTE's statistics to a nonreimbursable cost center. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Section 2328	0	1,498	1,498
29	9	B-1	25.00	12,14	Adults and Pediatrics (FTE's x 100)	8,829	(1,157)	7,672
	9	B-1	33.00	12,14	Nursery	0	291	291
	9	B-1	39.00	12,14	Delivery Room and Labor Room To reclassify FTE's statistics for proper cost finding. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306	0	866	866

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
Adj. No.	Audit Report	Report References				AS Reported	Increase (Decrease)	AS Adjusted
		Work Sheet	Part	Title	Line			
Explanation of Audit Adjustments								
ADJUSTMENTS TO REPORTED STATISTICS								
30	9	B-1			25.00	18	Adults and Pediatrics (Patient Days)	21,499
	9	B-1			33.00	18	Nursery	1,497
	9	B-1			36.00	18	Lomita SACC Subacute	8,469
	9	B-1			34.00	18	Lomita SACC DPNF	51
	9	B-1			36.01	18	San Pedro Subacute	32,734
	9	B-1			35.00	18	San Pedro DPNF	3,349
	9	B-1			18.00	18	Total - Patient Days	78,539
To adjust social services statistics to agree with the provider's census reports.								
42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306								

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted	
			Part	Title	Line				Col.
ADJUSTMENTS TO REPORTED PATIENT DAYS									
31	Contract 4 Contract 4	D-1 D-1	I I	XIX XIX	1.00 3.00	1 1	26,746 26,746	2 2	26,748 * 26,748 *
To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304									
32	DPNF 1 DPNF 1-1 Subacute 1 Subacute 1-1	S-3 S-3 S-3 S-3	I I I I	XIX XIX XIX XIX	14.03 16.00 14.02 15.00	6 6 6 6	0 735 5,717 31,647	51 (491) 2,752 (6,934)	51 244 8,469 24,713
To adjust total Subacute and DPNF patient days to agree with the provider's records. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304									
33	Contract 4 Contract 4	D-1 D-1	I I	XIX XIX	1.00 3.00	1 1	26,748 26,748	(5,249) (5,249)	21,499 * 21,499 *
To eliminate chemical dependency days from the Adults and Pediatrics cost center since the related costs were reclassified to a nonreimbursable cost center. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2102.3, 2205, 2300, and 2304									

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted	
			Part	Title	Line				Col.
ADJUSTMENTS TO REPORTED PATIENT DAYS									
34	Contract 4	D-1	I	XIX	1.00	1	21,499	5,257	26,756 *
	Contract 4	D-1	I	XIX	3.00	1	21,499	5,257	26,756 *
	4-1	D-1	I	XIX	1.00	2	5,257	(5,257)	0
	4-1	D-1	I	XIX	3.00	2	5,257	(5,257)	0
Adults and Pediatrics (Inpatient Days) - Total * Adults and Pediatrics (Semi-Private Room Days) - Total * Subprovider I (Inpatient Days) - Total Subprovider I (Semi-Private Room Days) - Total To reclassify reported Subprovider I (Rehabilitation) total inpatient days and semi-private room days to Adults and Pediatrics cost center in conjunction with memorandum adjustment no. 4. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1									
35	Contract 4	D-1	I	XIX	1.00	1	26,756	7,625	34,381
	Contract 4	D-1	I	XIX	3.00	1	26,756	7,625	34,381
	4-2	D-1	I	XIX	1.00	2	7,625	(7,625)	0
	4-2	D-1	I	XIX	3.00	2	7,625	(7,625)	0
Adults and Pediatrics (Inpatient Days) - Total * Adults and Pediatrics (Semi-Private Room Days) - Total * Subprovider II (Inpatient Days) - Total Subprovider II (Semi-Private Room Days) - Total To reclassify reported Subprovider II (Psychiatric) total inpatient days and semi-private room days to Adults and Pediatrics cost center in conjunction with memorandum adjustment no. 4. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1									

Provider Name		Fiscal Period				Provider Number		Adjustments	
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC 30078G		55	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted	
			Part	Title	Line				Col.
ADJUSTMENTS TO REPORTED TOTAL CHARGES									
36	4-1	D-1	I	XIX	30.00	1	\$13,084,015	(\$13,084,015)	\$0
	4-1	D-1	I	XIX	30.00	1	13,084,015	(13,084,015)	0
	Contract 4	D-1	I	XIX	28.00	1	68,457,470	13,084,015	81,541,485 *
Subprovider I (General Inpatient Routine Service Charges) Subprovider I (Semi-Private Room Charges) Adults and Pediatrics (General Inpatient Routine Service Charges) To reclassify Subprovider I (Rehabilitation) total inpatient charges to the Adults and Pediatrics cost center in conjunction with memorandum adjustment no. 4. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1									
37	4-2	D-1	I	XIX	30.00	1	\$18,566,650	(\$18,566,650)	\$0
	4-2	D-1	I	XIX	28.00	1	18,566,650	(18,566,650)	0 *
	Contract 4	D-1	I	XIX	30.00	1	* 81,541,485	18,566,650	100,108,135
Subprovider II (General Inpatient Routine Service Charges) Subprovider II (Semi-Private Room Charges) Adults and Pediatrics (General Inpatient Routine Service Charges) To reclassify Subprovider II (Psychiatric) total inpatient charges to the Adults and Pediatrics cost center in conjunction with memorandum adjustment no. 4. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1									

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments				
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55				
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										
38	Contract 4	D-1	I	XIX	9.00	1		2,761	294	3,055
	Contract 4A	D-1	II	XIX	42.00	4		897	(88)	809
	Contract 4A	D-1	II	XIX	43.00	4		446	46	492
39	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$1,202,606	\$169,494	\$1,372,100
	Contract 6	D-4		XIX	38.00	2	Medi-Cal Ancillary Charges - Recovery Room	45,096	111,508	156,604
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	2,846,046	(607,267)	2,238,779
	Contract 6	D-4		XIX	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	160,601	471,688	632,289
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	618,104	38,020	656,124
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	135,080	(9,218)	125,862
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	3,814,473	753,973	4,568,446
	Contract 6	D-4		XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	575,692	(429,598)	146,094
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	6,027,232	(395,501)	5,631,731
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	476,682	(101,759)	374,923
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	271,004	6,553	277,557
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	94,634	(1,114)	93,520
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	554,874	(288,107)	266,767
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	53,306	(6,427)	46,879
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	392,540	305,002	697,542
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	9,607,625	(411,539)	9,196,086
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	368,219	(14,262)	353,957
	Contract 6	D-4		XIX	58.00	2	Medi-Cal Ancillary Charges - ASC (Non-Distinct Part)	170,756	(23,339)	147,417
	Contract 6	D-4		XIX	58.01	2	Medi-Cal Ancillary Charges - Ultrasound	268,263	130,397	398,660
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization Laboratory	510,402	(216,415)	293,987
	Contract 6	D-4		XIX	59.01	2	Medi-Cal Ancillary Charges - MRI	376,957	40,216	417,173
	Contract 6	D-4		XIX	59.02	2	Medi-Cal Ancillary Charges - CT Scan	1,509,515	15,338	1,524,853
	Contract 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	652,173	67,850	720,023
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	30,733,957	(394,507)	30,339,450
40	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal - Routine Service Charges	\$12,982,533	\$416,318	\$13,398,851
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal - Ancillary Service Charges	30,733,957	(394,507)	30,339,450

-Continued on next page-

Provider Name		Fiscal Period				Provider Number		Adjustments	
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC 30078G		55	
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 - CONTRACT

-Continued from previous page-
 41 Contract 3 E-3 III XIX 33.00 1 Medi-Cal - Deductibles \$0 \$112,772 \$112,772

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

EDS Paid Claims Summary:

Report Date: December 3, 2009

Payment Date: January 1, 2008 through October 31, 2009

Service Period: January 1, 2008 through December 31, 2008

42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139

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

CCR, Title 22, Section 51541

Provider Name		Fiscal Period				Provider Number		Adjustments	
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC 30078G		55	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted	
			Part	Title	Line				
42	DPNF 1	S-3	I	XIX	14.03	5	0	51	51
<p>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</p> <p>Medi-Cal Days - Skilled Nursing Facility (Lomita SACC DPNF) To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: December 3, 2009 Payment Date: January 1, 2008 through October 31, 2009 Service Period: January 1, 2008 through December 31, 2008 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139 CMS Pub. 15-1, Sections 2304, 2404 and 2408 CCR, Title 22, Section 51541</p>									
43	DPNF 4	Not Reported					\$0	\$12,538	\$12,538
	DPNF 4	Not Reported					0	59	59
	DPNF 4	Not Reported					0	4,322	4,322
<p>Total Ancillary Charges - Respiratory Therapy Total Ancillary Charges - Medical Supplies Charged to Patients Total Ancillary Charges - Drugs Charged to Patients To include DPNF (Lomita Campus) ancillary charges for proper cost determination. CCR, Title 22, Section 51511(c)</p>									

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted	
			Part	Title	Line				Col.
44	DPNF 1-1	S-3	I	XIX	16.00	5	735	(491)	244
<p>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF 1</p> <p>Medi-Cal Days - Skilled Nursing Facility (San Pedro DPNF) To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: December 3, 2009 Payment Date: January 1, 2008 through October 31, 2009 Service Period: January 1, 2008 through December 31, 2008 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139 CMS Pub. 15-1, Sections 2304, 2404 and 2408 CCR, Title 22, Section 51541</p>									
45	DPNF 4-1	Not Reported					\$0	\$8,626	\$8,626
	DPNF 4-1	Not Reported					0	9,596	9,596
	DPNF 4-1	Not Reported					0	66,670	66,670
<p>Total Ancillary Charges - Respiratory Therapy Total Ancillary Charges - Medical Supplies Charged to Patients Total Ancillary Charges - Drugs Charged to Patients To include DPNF 1 (San Pedro Campus) ancillary charges for proper cost determination. CCR, Title 22, Section 51511(c)</p>									

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
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 - SUBACUTE								
46	Subacute 1	Not Reported						
	Subacute 1	S-3	1	XIX	12.00	5	0	3,222
Medi-Cal Subacute Days - Ventilator (Lomita SACC Subacute) Medi-Cal Subacute Days - Total To adjust Medi-Cal Settlement Data days to agree with the following EDS Paid Claims Summary Report: Report Date: December 3, 2009 Payment Period: January 1, 2008 through October 31, 2009 Service Period: January 1, 2008 through December 31, 2008 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408								
47	Subacute 1	Not Reported					0	4,078
	Subacute 1	Not Reported					0	4,391
Total Subacute Days - Ventilator Total Subacute Days - Nonventilator To reflect total ventilator and non-ventilator patient days in the audit report. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
48	Subacute 1	Not Reported					\$0	\$15,964
Subacute Costs - Ventilator To identify ventilator equipment expenses on Subacute Schedule 1. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
49	Subacute 4	D-4		XIX	41.00	2	\$0	\$538
	Subacute 4	D-4		XIX	44.00	2	537,977	362,646
	Subacute 4	D-4		XIX	49.00	2	24,224,284	6,050,610
	Subacute 4	D-4		XIX	50.00	2	0	233,608
	Subacute 4	D-4		XIX	51.00	2	0	123,023
	Subacute 4	D-4		XIX	52.00	2	0	19,145
	Subacute 4	D-4		XIX	55.00	2	32,478	1,336
	Subacute 4	D-4		XIX	56.00	2	4,443,282	(4,139,352)
	Subacute 4	D-4		XIX	101.00	2	29,238,021	2,651,554
To adjust the reported Medi-Cal ancillary charges to Total Subacute ancillary charges in determining the cost of services. CCR, Title 22, Section 51511.5 / CMS Pub. 15-1, Sections 2304 and 2408								

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55		
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 - SUBACUTE 1								
50	Subacute 1-1	Not Reported						
	Subacute 1-1	S-3	XIX	XIX	15.00	5	0	11,289 (2,383)
							23,790	11,289 21,407
Medi-Cal Subacute Days - Ventilator (San Pedro Subacute) Medi-Cal Subacute Days - Total To adjust Medi-Cal Settlement Data days to agree with the following EDS Paid Claims Summary Report: Report Date: December 3, 2009 Payment Period: January 1, 2008 through October 31, 2009 Service Period: January 1, 2008 through December 31, 2008 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408								
51	Subacute 1-1	Not Reported					0	13,032
	Subacute 1-1	Not Reported					0	11,681
Total Subacute Days - Ventilator Total Subacute Days - Nonventilator To reflect total ventilator and non-ventilator patient days in the audit report. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
52	Subacute 1-1	Not Reported					\$0	\$47,891
Subacute Costs - Ventilator To identify ventilator equipment expenses on Subacute Schedule 1-1. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
53	Subacute 4-1	D-4	XIX	XIX	41.00	2	\$0	\$433,665
	Subacute 4-1	D-4	XIX	XIX	44.00	2	2,145,424	3,040,362
	Subacute 4-1	D-4	XIX	XIX	49.00	2	74,051,665	24,082,554
	Subacute 4-1	D-4	XIX	XIX	50.00	2	0	2,490,985
	Subacute 4-1	D-4	XIX	XIX	51.00	2	0	1,262,253
	Subacute 4-1	D-4	XIX	XIX	52.00	2	0	248,702
	Subacute 4-1	D-4	XIX	XIX	55.00	2	110,486	123,453
	Subacute 4-1	D-4	XIX	XIX	56.00	2	15,462,564	(14,246,731)
	Subacute 4-1	D-4	XIX	XIX	101.00	2	91,770,159	17,435,243
To adjust the reported Medi-Cal ancillary charges to Total Subacute ancillary charges in determining the cost of services. CCR, Title 22, Section 51511.5 / CMS Pub. 15-1, Sections 2304 and 2408								

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.			
54	4-1	D-1	I	XIX	9.00	1	200	(200)	0
<p>Medi-Cal Inpatient Days - Subprovider I</p> <p>To eliminate the reported Medi-Cal Subprovider I (Rehabilitation) settlement data since the unit did not qualify as a separate cost entity.</p> <p>42 CFR 413.20, 413.24 and 413.53(b)(c)</p> <p>CMS Pub. 15-1, Sections 2300, 2304, 2336 and 2306</p>									
ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - REHABILITATION									

Provider Name		Fiscal Period		Provider Number		Adjustments				
SAN PEDRO PENINSULA HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30078G		55				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted		
			Part	Title	Line				Col.	
55	4-2	D-1	I	XIX	9.00	1	64	(64)	0	
<p>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - PSYCHIATRIC</p> <p>Medi-Cal Inpatient Days - Subprovider II To eliminate the reported Medi-Cal Subprovider II (Psychiatric) settlement data since the unit did not qualify as a separate cost entity. 42 CFR 413.20, 413.24 and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2336 and 2306</p>										