

**REPORT  
ON THE  
COST REPORT REVIEW**

**TUSTIN HOSPITAL AND MEDICAL CENTER  
TUSTIN, CALIFORNIA  
PROVIDER NUMBERS: HSC30720F and LTC40006F**

**FISCAL PERIOD ENDED  
AUGUST 31, 2008**

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

**Section Chief: Margaret A. Varho  
Audit Supervisor: Margaret A. Varho  
Auditor: Paula Greene**



DAVID MAXWELL-JOLLY  
*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

Date: February 23, 2010

Thomas Butler  
Corporate Director of Reimbursement  
Pacific Health Corporation  
14642 Newport Avenue, Suite 388  
Tustin, CA 92780

PROVIDER: TUSTIN HOSPITAL AND MEDICAL CENTER  
PROVIDER NO. HSC30720F  
FISCAL PERIOD ENDED AUGUST 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 Subacute Per Diem (PEDIATRIC SUBACUTE Schedules)
4. 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.

Thomas Butler  
Page 2

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

Chief  
Office of Administrative Appeals and Hearings  
1029 J Street, Suite 200  
Sacramento, CA 95814-2878  
(916) 322-5603

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

**United States Postal Service (USPS)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
PO Box 997413  
Sacramento, CA 95899-7413

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814-5005  
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

***(Original signed by Margaret Varho)***

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

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**TUSTIN HOSPITAL AND MEDICAL CENTER**

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

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b>		
<b>Provider No.</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>2. Subprovider I (SCHEDULE 1-1)</b>		
<b>Provider No.</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b>		
<b>Provider No.</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b>		
<b>Provider No. HSC30720F</b>		
Reported		\$ 315,941
Net Change		\$ (212,979)
Audited Cost		\$ 102,962
Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b>		
<b>Provider No.</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b>		
<b>Provider No.</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b>		
<b>Provider No.</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ 0	
<b>9. Total Medi-Cal Cost</b>		\$ 102,962

**SUMMARY OF FINDINGS**

**Provider Name:**  
TUSTIN HOSPITAL AND MEDICAL CENTER

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

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1) Provider No. LTC4006F</b>	Reported		\$ 1,052.78
	Net Change		\$ (196.21)
	Audited Cost Per Day		\$ 856.57
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1) Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1) Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1) Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1) Provider No.</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ 0	

## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

Provider No:  
HSC30720F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 315,941	\$ 102,962
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.	\$ 0	\$ 0
5. Subtotal (Sum of Lines 1 through 4)	\$ 315,941	\$ 102,962
6.	\$ 0	\$ 0
7.	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 315,941	\$ 102,962
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj )	\$ 0	\$ 0
10. Medi-Cal Credit Balances (Adj )	\$ 0	\$ 0
11.	\$ 0	\$ 0
12.	\$ 0	\$ 0
13. 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:**  
**TUSTIN HOSPITAL AND MEDICAL CENTER**

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

**Provider No:**  
**HSC30720F**

	REPORTED	AUDITED
<b>REASONABLE COST OF MEDI-CAL INPATIENT SERVICES</b>		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>315,941</u>	\$ <u>102,962</u>
<b>CHARGES FOR MEDI-CAL INPATIENT SERVICES</b>		
2. Inpatient Routine Service Charges (Adj 23)	\$ <u>3,584,275</u>	\$ <u>98,208</u>
3. Inpatient Ancillary Service Charges (Adj 23)	\$ <u>348,059</u>	\$ <u>202,839</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>3,932,334</u>	\$ <u>301,047</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>3,616,393</u>	\$ <u>198,085</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

**Provider Name:**  
**TUSTIN HOSPITAL AND MEDICAL CENTER**

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

**Provider No:**  
**HSC30720F**

	<b>REPORTED</b>	<b>AUDITED</b>
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ 116,176	\$ 39,628
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 199,765	\$ 63,334
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch )	\$ 0	\$ 0
4.	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 315,941	\$ 102,962
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	( See \$ Contract Sch 1)	\$ 0
8. SUBTOTAL	\$ 315,941	\$ 102,962
	(To Contract Sch 2)	
9. Coinsurance (Adj )	\$ 0	\$ 0
10. Patient and Third Party Liability (Adj )	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 315,941	\$ 102,962
	(To Contract Sch 1)	



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

**Provider Name:**  
**TUSTIN HOSPITAL AND MEDICAL CENTER**

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

**Provider No:**  
**HSC30720F**

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

**INPATIENT DAYS**

	<b>REPORTED</b>	<b>AUDITED</b>
1. Total Inpatient Days (include private & swing-bed) (Adj )	2,128	2,128
2. Inpatient Days (include private, exclude swing-bed)	2,128	2,128
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	2,128	2,128
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 21)	51	32

**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)	\$ 4,580,199	\$ 2,439,345
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)	\$ 4,580,199	\$ 2,439,345

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj )	\$ 3,584,275	\$ 3,584,275
29. Private Room Charges (excluding swing-bed charges)(Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj )	\$ 3,584,275	\$ 3,584,275
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 1.277859	\$ 0.680569
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)	\$ 1,684.34	\$ 1,684.34
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)	\$ 4,580,199	\$ 2,439,345

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 2,152.35	\$ 1,146.31
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 109,770	\$ 36,682
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 89,995	\$ 26,652
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 199,765	\$ 63,334

(To Contract Sch 3)

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

**Provider Name:**  
**TUSTIN HOSPITAL AND MEDICAL CENTER**

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

**Provider No:**  
**HSC30720F**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 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
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 2,624,845	\$ 1,554,680
7. Total Inpatient Days (Adj )	700	700
8. Average Per Diem Cost	\$ 3,749.78	\$ 2,220.97
9. Medi-Cal Inpatient Days (Adj 21)	24	12
10. Cost Applicable to Medi-Cal	\$ 89,995	\$ 26,652
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 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
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 89,995	\$ 26,652

(To Contract Sch 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

Provider No:  
HSC30720F

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)



ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

Provider No:  
HSC30720F

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 22)	AUDITED
37.00	Operating Room	\$ 39,517	\$ (24,699)	\$ 14,818
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room			0
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic	23,359	(11,969)	11,390
41.01				0
41.02				0
42.00	Radiology - Therapeutic			0
43.00	Radioisotope			0
44.00	Laboratory	62,413	(13,095)	49,318
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	44,018	(19,630)	24,388
50.00	Physical Therapy	8,682	(7,456)	1,226
51.00	Occupational Therapy			0
52.00	Speech Pathology			0
53.00	Electrocardiology	4,968	(1,386)	3,582
54.00	Electroencephalography			0
55.00	Medical Supplies Charged to Patients	54,778	(4,342)	50,436
56.00	Drugs Charged to Patients	101,396	(59,822)	41,574
57.00	Renal Dialysis	7,230	(2,821)	4,409
58.00	ASC (Non-Distinct Part)			0
59.00				0
59.01				0
59.02				0
59.03				0
60.00	Clinic			0
60.01	Other Clinic Services			0
61.00	Emergency	1,698		1,698
62.00	Observation Beds			0
71.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 348,059	\$ (145,220)	\$ 202,839

(To Contract Sch 5)

**COMPUTATION OF PROFESSIONAL  
COMPONENT OF HOSPITAL BASED  
PHYSICIAN'S REMUNERATION**

**Provider Name:**  
TUSTIN HOSPITAL AND MEDICAL CENTER

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

**Provider No:**  
HSC30720F

	<b>PROFESSIONAL SERVICE COST CENTERS</b>	<b>HBP REMUNERATION  (Adj)</b>	<b>TOTAL CHARGES TO ALL PATIENTS  (Adj)</b>	<b>RATIO OF REMUNERATION TO CHARGES</b>	<b>MEDI-CAL CHARGES  (Adj)</b>	<b>MEDI-CAL COST</b>
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
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		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
	<b>TOTAL</b>	\$ 0	\$ 0		\$ 0	\$ 0

(To Contract Sch 3)

## COMPUTATION OF SUBACUTE PER DIEM

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

Provider No:  
LTC40006F

	REPORTED	AUDITED	DIFFERENCE
<b>COMPUTATION OF SUBACUTE PER DIEM</b>			
1. Subacute Ancillary Cost (Subacute Sch 3-1)	\$ 0	\$ 2,769,301	\$ 2,769,301
2. Subacute Routine Cost (Subacute Sch 2-1)	\$ 11,199,488	\$ 6,342,885	\$ (4,856,603)
3. Total Subacute Facility Cost (Lines 1 & 2)	\$ 11,199,488	\$ 9,112,186	\$ (2,087,302)
4. Total Subacute Patient Days (Adj )	10,638	10,638	0
5. Average Subacute Per Diem Cost (L3 / L4)	\$ 1,052.78	\$ 856.57	\$ (196.21)

**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 27)	0	32	32
10. Total Licensed Nursing Facility Beds (Adj )	42	42	0
11. Total Licensed Capacity (All levels of care)(Adj )	177	177	0
12. Total Medi-Cal Subacute Patient Days (Adj 24)	3,573	2,466	(1,107)

**CAPITAL RELATED COST**

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Subacute Sch 5-1)	N/A	\$ 61,104	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 61,104	N/A

**TOTAL SALARY & BENEFITS**

16. Direct Salary & Benefits Expenses	N/A	\$ 2,964,050	N/A
17. Allocated Salary & Benefits Expenses (Subacute Sch 5-1)	N/A	\$ 1,153,148	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 4,117,198	N/A

**AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR**

	AUDITED COSTS (Adj 26)	AUDITED TOTAL DAYS (Adj 19)	AUDITED MEDI-CAL DAYS (Adj 24)
19. Ventilator (Equipment Cost Only)	\$ 32,761	3,471	949
20. Nonventilator	N/A	7,167	N/A
21. TOTAL	N/A	10,638	N/A

## SUMMARY OF SUBACUTE FACILITY EXPENSES

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

Provider No:  
LTC40006F

	COST CENTER	REPORTED	AUDITED *	DIFFERENCE
COL.	DIRECT AND ALLOCATED EXPENSE			
0.00	Subacute	\$ 3,955,310	\$ 3,873,858	\$ (81,452)
1.00	Old Cap Rel Costs-Bldg & Fixtures		0	0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures		0	0
4.00	New Cap Rel Costs-Movable Equipment	46,148	36,009	(10,139)
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	27,174	27,151	(23)
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	4,463,558	979,732	(3,483,826)
7.00	Maintenance and Repairs	121,001	70,089	(50,912)
8.00	Operation of Plant	202,630	117,757	(84,873)
9.00	Laundry and Linen Service	227,649	166,742	(60,907)
10.00	Housekeeping	104,211	60,659	(43,552)
11.00	Dietary	920,804	229,678	(691,126)
12.00	Cafeteria		102,369	102,369
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,010,653	606,517	(404,136)
15.00	Central Services & Supply		0	0
16.00	Pharmacy		0	0
17.00	Medical Records and Library	45,293	27,197	(18,096)
18.00	Social Service	75,057	45,128	(29,929)
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 DIRECT AND ALLOCATED EXPENSES	\$ 11,199,488	\$ 6,342,885	\$ (4,856,603)

(To Subacute Sch 1-1)



SCHEDULE OF TOTAL OTHER ALLOWABLE SUBACUTE ANCILLARY COSTS\*\*

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

Provider No:  
LTC40006F

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	\$ 559,117	\$ 1,077,691	0.518811	\$ 28,736	\$ 14,909
44.00	Laboratory	732,102	2,248,626	0.325578	0	0
49.00	Respiratory Therapy	2,584,269	66,841,991	0.038662	54,764,420	2,117,322
50.00	Physical Therapy	438,969	1,425,891	0.307856	936,532	288,317
51.00	Occupational Therapy			0.000000	0	0
52.00	Speech Pathology			0.000000	0	0
55.00	Med Supply Charged to Patients	447,064	8,047,053	0.055556	4,429,727	246,099
56.00	Drugs Charged to Patients	1,326,132	16,254,972	0.081583	1,258,270	102,654
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	\$ 6,087,654	\$ 95,896,224		\$ 61,417,685	\$ 2,769,301

(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:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

Provider No:  
LTC40006F

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 25)	AUDITED
41.00	Radiology - Diagnostic	\$ 0	\$ 28,736	\$ 28,736
44.00	Laboratory	0		0
49.00	Respiratory Therapy	0	54,764,420	54,764,420
50.00	Physical Therapy	0	936,532	936,532
51.00	Occupational Therapy	0		0
52.00	Speech Pathology	0		0
55.00	Med Supply Charged to Patients	0	4,429,727	4,429,727
56.00	Drugs Charged to Patients	0	1,258,270	1,258,270
				0
				0
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				0
				0
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				0
				0
101.00	TOTAL ANCILLARY CHARGES	\$ 0	\$ 61,417,685	\$ 61,417,685

(To Subacute Sch 3-1)

**ALLOCATION OF INDIRECT EXPENSES  
SUBACUTE**

**Provider Name:**  
**TUSTIN HOSPITAL AND MEDICAL CENTER**

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

**Provider No:**  
**LTC40006F**

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	0	N/A
4.00	New Cap Rel Costs-Movable Equipment	36,009	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	89	27,062
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	8,965	321,718
7.00	Maintenance and Repairs	1,521	23,455
8.00	Operation of Plant	1,224	43,806
9.00	Laundry and Linen Service	1,393	12,468
10.00	Housekeeping	317	35,637
11.00	Dietary	6,241	120,758
12.00	Cafeteria	2,781	53,823
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	2,163	462,744
15.00	Central Services & Supply	0	0
16.00	Pharmacy	0	0
17.00	Medical Records and Library	302	18,733
18.00	Social Service	100	32,942
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	<b>TOTAL ALLOCATED INDIRECT EXPENSES</b>	<b>\$ 61,104</b>	<b>\$ 1,153,148</b>

(To Subacute Sch 1-1)



Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	854,716	0	0	0	20,510	0	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	387,082	0	0	0	7,964	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	543,014	0	0	0	4,725	0	0	0	0	0	0	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	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	1,897,216	0	0	0	2,691	0	0	0	0	0	0	0
50.00 Physical Therapy	298,898	0	0	0	6,718	0	0	0	0	0	0	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	62,538	0	0	0	821	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	344,129	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	497,484	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	30,990	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	23,359	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	250,627	0	0	0	1,545	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	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	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Other Nonreimbursable Cost Centers	144,045	0	0	0	1,638	0	0	0	0	0	0	0
100.02	0	0	0	0	64,419	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	19,146,715	0	0	0	296,151	0	0	0	0	0	0	0



Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	3,682	0	0	0	0	0	0	0	0	878,907	218,717
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	2,096	0	0	0	0	0	0	0	0	397,142	98,829
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	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	2,583	0	0	0	0	0	0	0	0	550,322	136,948
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	13,643	0	0	0	0	0	0	0	0	1,913,550	476,189
50.00 Physical Therapy	0	2,344	0	0	0	0	0	0	0	0	307,960	76,636
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	67	0	0	0	0	0	0	0	0	63,426	15,784
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	344,129	85,637
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	497,484	123,800
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	30,990	7,712
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	23,359	5,813
61.00 Emergency	0	1,534	0	0	0	0	0	0	0	0	253,706	63,135
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTER:</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	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	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0	1,638	408
100.01 Other Nonreimbursable Cost Centers	0	250	0	0	0	0	0	0	0	0	208,714	51,939
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	101,279	0	0	0	0	0	0	0	0	19,146,715	3,815,254





Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 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
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	39,920	67,071	8,692	34,549	0	10,086	0	30,625	108,329	238	5,879	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	15,501	26,044	1,470	13,416	0	5,654	0	0	0	0	1,062	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	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	9,196	15,450	0	7,959	0	7,393	0	0	0	0	4,834	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	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	5,238	8,801	0	4,533	0	35,863	0	0	0	0	140,094	0
50.00 Physical Therapy	13,076	21,969	145	11,317	0	4,801	0	0	0	0	3,065	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	1,597	2,684	0	1,382	0	251	0	0	0	0	1,096	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	17,299	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	669,906	34,943	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	308	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	3,007	5,052	3,422	2,603	0	3,830	0	23,096	0	0	1,397	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTER:</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	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	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Nonreimbursable Meals	3,188	5,357	0	2,759	84,572	0	0	0	0	0	0	0
100.01 Other Nonreimbursable Cost Centers	125,387	210,665	0	108,518	0	2,342	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>489,004</u>	<u>800,014</u>	<u>249,708</u>	<u>407,345</u>	<u>662,583</u>	<u>244,064</u>	<u>0</u>	<u>922,654</u>	<u>108,329</u>	<u>670,144</u>	<u>250,600</u>	<u>57,125</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name: TUSTIN HOSPITAL AND MEDICAL CENTER  
 Fiscal Period Ended: AUGUST 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 26.00	TOTAL COST 27.00
<b>GENERAL SERVICE COST CENTER</b>											
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						
<b>INPATIENT ROUTINE COST CENTER</b>											
25.00 Adults & Pediatrics (Gen Routine)	0				0				2,439,345		2,439,345
26.00 Intensive Care Unit	0				0				1,554,680		1,554,680
27.00 Coronary Care Unit	0				0				0		0
28.00 Neonatal Intensive Care Unit	0				0				0		0
29.00 Surgical Intensive Care	0				0				0		0
30.00 Subprovider I	0				0				0		0
31.00 Subprovider II	0				0				0		0
32.00	0				0				0		0
33.00 Nursery	0				0				0		0
34.00 Medicare Certified Nursing Facility	0				0				0		0
35.00 Distinct Part Nursing Facility	0				0				0		0
36.00 Adult Subacute Care Unit	0				0				0		0
36.01 Pediatric Subacute Care Unit	0				0				6,342,885		6,342,885
36.02 Transitional Care Unit	0				0				0		0

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 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	POST STEP-DOWN ADJUSTMENT	TOTAL COST
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	0	0	0	1,403,014	0	1,403,014
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	559,117	0	559,117
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	732,102	0	732,102
44.00 Laboratory	0	0	0	0	0	0	0	0	0	0	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	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	0	0	0
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,584,269	0	2,584,269
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	438,969	0	438,969
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiography	0	0	0	0	0	0	0	0	86,220	0	86,220
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	447,064	0	447,064
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	1,326,132	0	1,326,132
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	39,010	0	39,010
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	29,172	0	29,172
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	359,248	0	359,248
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTER:</b>											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00 Nonreimbursable Meals	0	0	0	0	0	0	0	0	97,922	0	97,922
100.01 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	707,565	0	707,565
100.02	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>19,030</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24,000</b>	<b>19,146,715</b>	<b>0</b>	<b>19,146,715</b>







STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.1

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		(Adj)14 (Adj)15
<b>ANCILLARY COST CENTERS</b>												
37.00	401,922										878,907	6,173
38.00											0	
39.00											0	
40.00											0	
41.00	228,807										397,142	2,397
41.01											0	
41.02											0	
42.00											0	
43.00											0	
44.00	282,032										550,322	1,422
44.01											0	
46.00											0	
47.00											0	
48.00											0	
49.00											0	
50.00	1,489,392										1,913,550	810
51.00	255,874										307,960	2,022
52.00											0	
53.00	7,311										63,426	247
54.00											0	
55.00											344,129	
56.00											497,484	
57.00											30,990	
58.00											0	
59.00											0	
59.01											0	
59.02											0	
59.03											0	
60.00											23,359	
60.01											0	
61.00	167,444										253,706	465
62.00											0	
71.00											0	
82.00											0	
83.00											0	
84.00											0	
85.00											0	
86.00											0	
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00											0	
97.00											0	
98.00											0	
99.00											0	
99.01											0	
99.02											0	
99.03											0	
99.04											0	
99.05											0	
100.00	27,298										1,638	493
100.01											208,714	19,389
100.02											0	
100.03											0	
100.04											0	
TOTAL	11,056,597	0	0	0	0	0	0	0	0	0	15,331,461	75,616
COST TO BE ALLOCATED	101,279	0	0	0	0	0	0	0	0	0	3,815,254	489,004
UNIT COST MULTIPLIER - SCH 8	0.009160	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.248851	6.466936





STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (PATIENT DAYS)	STAT
<b>ANCILLARY COST CENTERS</b>												
37.00	6,173	5,169	6,173		603		5,963	228,985	177	2,734,729		
38.00												
39.00												
40.00												
41.00	2,397	874	2,397		338							
41.01												
41.02												
42.00												
43.00												
44.00												
44.01	1,422		1,422		442							
46.00												
47.00												
48.00												
49.00												
50.00	810		810		2,144					65,170,151		19.00
51.00	2,022		2,022		287					1,425,891		(Adj)
52.00												(Adj)
53.00	247		247		15					509,914		(Adj)
54.00												
55.00										8,047,052		
56.00									497,307	16,254,971		
57.00										143,158		
58.00												
59.00												
59.01												
59.02												
59.03												
60.00												
60.01	465	2,035	465		229		4,497			649,783		
61.00												
62.00												
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00												
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00	493		493	11,529	140							
100.01	19,389		19,389									
100.02												
100.03												
100.04												
TOTAL	73,631	148,501	72,781	90,324	14,591	0	179,650	228,985	497,484	116,576,081	13,466	0
COST TO BE ALLOCATED	800,014	249,708	407,345	662,583	244,064	0	922,654	108,329	670,144	250,600	57,125	0
UNIT COST MULTIPLIER - SCH 8	10,865,180	1,681,526	5,596,859	7,335,625	16,726,995	0,000,000	5,135,843	0,473,082	1,347,067	0,002,150	4,242,143	0,000,000

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 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)
19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
<b>GENERAL SERVICE COST CENTERS</b>						
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						
7.00						
8.00						
9.00						
10.00						
11.00						
12.00						
13.00						
14.00						
15.00						
16.00						
17.00						
18.00						
19.00						
19.02						
19.03						
20.00						
21.00						
22.00						
23.00						
24.00						
<b>INPATIENT ROUTINE COST CENTERS</b>						
25.00						
26.00						
27.00						
28.00						
29.00						
30.00						
31.00						
32.00						
33.00						
34.00						
35.00						
36.00						
36.01						
36.02						



## TRIAL BALANCE OF EXPENSES

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures		0	0
4.00	New Cap Rel Costs-Movable Equipment	368,780	(72,629)	296,151
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	100,947	0	100,947
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	17,051,579	(13,282,570)	3,769,009
7.00	Maintenance and Repairs	380,653	0	380,653
8.00	Operation of Plant	621,531	0	621,531
9.00	Laundry and Linen Service	192,038	0	192,038
10.00	Housekeeping	317,555	0	317,555
11.00	Dietary	424,663	0	424,663
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	715,351	0	715,351
15.00	Central Services & Supply		59,748	59,748
16.00	Pharmacy	507,227	0	507,227
17.00	Medical Records and Library	182,116	0	182,116
18.00	Social Service	44,731	0	44,731
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
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults & Pediatrics (Gen Routine)	1,309,040	0	1,309,040
26.00	Intensive Care Unit	1,017,999	0	1,017,999
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery		0	0
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Pediatric Subacute Care Unit	3,955,310	(81,452)	3,873,858
36.02	Transitional Care Unit		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:  
AUGUST 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 854,716	\$ 0	\$ 854,716
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room		0	0
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	387,082	0	387,082
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	497,010	46,004	543,014
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	1,897,216	0	1,897,216
50.00	Physical Therapy	298,898	0	298,898
51.00	Occupational Therapy		0	0
52.00	Speech Pathology		0	0
53.00	Electrocardiology	62,538	0	62,538
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	403,877	(59,748)	344,129
56.00	Drugs Charged to Patients	497,484	0	497,484
57.00	Renal Dialysis	30,990	0	30,990
58.00	ASC (Non-Distinct Part)		0	0
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		23,359	23,359
60.01	Other Clinic Services		0	0
61.00	Emergency	273,986	(23,359)	250,627
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	<b>SUBTOTAL</b>	\$ 32,393,317	\$ (13,390,647)	\$ 19,002,670
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00	Nonreimbursable Meals		0	0
100.01	Other Nonreimbursable Cost Centers	144,045	0	144,045
100.02			0	0
100.03			0	0
100.04			0	0
100.99	<b>SUBTOTAL</b>	\$ 144,045	\$ 0	\$ 144,045
101	<b>TOTAL</b>	\$ 32,537,362	\$ (13,390,647)	\$ 19,146,715

(To Schedule 8)



Provider Name:  
TUSTIN HOSPITAL AND MEDICAL CENTER

Page 1  
Fiscal Period Ended:  
AUGUST 31, 2008

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ 13
<b>ANCILLARY COST CENTERS</b>													
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	46,004			46,004									
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	(59,748)	(59,748)											
56.00 Drugs Charged to Patients	0												
57.00 Renal Dialysis	0												
58.00 ASC (Non-Distinct Part)	0												
59.00	0												
59.01	0												
59.02	0												
59.03	0												
60.00 Clinic	23,359		23,359										
60.01 Other Clinic Services	0												
61.00 Emergency	(23,359)		(23,359)										
62.00 Observation Beds	0												
71.00	0												
82.00	0												
83.00	0												
84.00	0												
85.00	0												
86.00	0												
<b>NONREIMBURSABLE COST CENTERS</b>													
96.00 Gift, Flower, Coffee Shop & Canteen	0												
97.00 Research	0												
98.00 Physicians' Private Office	0												
99.00 Nonpaid Workers	0												
99.01	0												
99.02	0												
99.03	0												
99.04	0												
99.05	0												
100.00 Nonreimbursable Meals	0												
100.01 Other Nonreimbursable Cost Centers	0												
100.02	0												
100.03	0												
100.04	0												
101.00 TOTAL	(\$13,390,647)	0	0	0	0	160,746	(13,322,579)	(6,587)	(2,400)	(79,310)	(49,508)	(12,648)	(78,361)

(To Sch 10)

Provider Name:

TUSTIN HOSPITAL AND MEDICAL CENTER

Fiscal Period Ended:

AUGUST 31, 2008

AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ

GENERAL SERVICE COST CENTER

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

Employee Benefits

- 5.00
- 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

Administrative and General

- 6.00
- 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

Maintenance of Personnel

- 13.00
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.01
- 19.02
- 19.03
- 20.00

Nursing School

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

INPATIENT ROUTINE COST CENTERS

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

Medicare Certified Nursing Facility

- 34.00
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Pediatric Subacute Care Unit
- 36.02 Transitional Care Unit





Provider Name		Fiscal Period		Provider Number		Adjustments		
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
Explanation of Audit Adjustments								
<p><b>MEMORANDUM ADJUSTMENT</b></p> <p>The subacute data reported in the cost report in Skilled Nursing Facility, Line 34, has been reclassified to the Pediatric Subacute Care Unit, Line 36.01, for proper cost determination. This is done in accordance with 42 CFR 413.20 and 413.24 / CMS Pub.15-1, Sections 2300 and 2304.</p>								
1								

Provider Name		Fiscal Period		Provider Number		Adjustments		
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>RECLASSIFICATION OF REPORTED COSTS</b>								
2	10A 10A	A A	15.00 55.00	7 7	Central Services and Supply Medical Supplies Charged to Patients To reclassify indirect supply expense to the proper cost centre 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CMS Pub. 15-2, Section 3611	\$0 403,877	\$59,748 (59,748)	\$59,748 344,129
3	10A 10A	A A	60.00 61.00	7 7	Clinic Emergency To reclassify Urgent Care expense to the proper cost centre 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$0 273,986	\$23,359 (23,359)	\$23,359 250,627
4	10A 10A	A A	36.01 44.00	7 7	Pediatric Subacute Care Unit Laboratory To reclassify laboratory services expense from the Pediatric Subacute Care cost center to an ancillary cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2202.8, 2203.2, and 2304 CCR, Title 22, Section 51511.6	\$3,955,310 497,010	(\$46,004) 46,004	\$3,909,306 * 543,014
5	10A 10A	A A	6.00 36.01	7 7	Administrative and General Pediatric Subacute Care Unit To reclassify settlement costs from the subacute unit to administration. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$17,051,579 3,909,306	\$22,800 (22,800)	\$17,074,379 * 3,886,506 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED COSTS</b>								
6	10A	A	4.00	7	New Capital Related Costs - Movable Equipment	\$368,780	\$5,732	\$374,512 *
	10A	A	6.00	7	Administrative and General To adjust the home office costs to agree with the filed Home Office Cost Reports for Pacific Health Corporation for fiscal periods ended April 30, 2008 and April 30, 2008; 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	* 17,074,379	155,014	17,229,393 *
7	10A	A	6.00	7	Administrative and General To eliminate capitation expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.2	* \$17,229,393	(\$13,322,579)	\$3,906,814 *
8	10A	A	6.00	7	Administrative and General To eliminate OSHPD fees not related to the period under audit. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300 and 2302.1	* \$3,906,814	(\$6,587)	\$3,900,227 *
9	10A	A	6.00	7	Administrative and General To eliminate administration dues and subscriptions due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)	* \$3,900,227	(\$2,400)	\$3,897,827 *
10	10A	A	6.00	7	Administrative and General To include the provider's year end adjusting journal entry for legal fees. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	* \$3,897,827	(\$79,310)	\$3,818,517 *
11	10A	A	6.00	7	Administrative and General To eliminate legal fees due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)	* \$3,818,517	(\$49,508)	\$3,769,009

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
Explanation of Audit Adjustments								
<u>ADJUSTMENTS TO REPORTED COSTS</u>								
12	10A	A	36.01	7	Pediatric Subacute Care Unit To eliminate medical supplies expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$3,886,506	(\$12,648)	\$3,873,858
13	10A	A	4.00	7	New Capital Related Costs - Movable Equipment To adjust depreciation to agree with the provider's detailed depreciation schedules. 42 CFR 413.20, 413.24, 413.50, and 413.134 CMS Pub. 15-1, Sections 102, 2300, 2302.4, and 2304	\$374,512	(\$78,361)	\$296,151

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period				Provider Number		Adjustments	
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008				HSC30720F		27	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>									
14	9	B-1	11.00	1-4,7,8,10	Dietary (Square Feet)	5,201	(493)	4,708	
	9	B-1	100.00	1-4,7,8,10	Nonreimbursable Meals	0	493	493	
To reclassify physicians' dining room square footage to a nonreimbursable cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2328 and 2304									
15	9	B-1	6.00	1-4	Administrative and General (Square Feet)	9,139	1,357	10,496	
	9	B-1	15.00	1-4,7,8,10	Central Services and Supply	2,602	(1,357)	1,245	
	9	B-1	25.00	1-4,7,8,10	Adults and Pediatrics	24,804	(8,448)	16,356	
	9	B-1	41.00	1-4,7,8,10	Radiology - Diagnostic	1,730	667	2,397	
	9	B-1	61.00	1-4,7,8,10	Emergency	1,859	(1,394)	465	
	9	B-1	100.01	1-4,7,8,10	Other Nonreimbursable Cost Centers	7,688	11,701	19,389	
	9	B-1	1-4	1-4,7,8,10	Total - Square Feet	86,610	2,526	89,136	
	9	B-1	7.00	7	Total - Square Feet	74,447	1,169	75,616	
	9	B-1	8.00	8	Total - Square Feet	72,462	1,169	73,631	
	9	B-1	10.00	10	Total - Square Feet	71,612	1,169	72,781	
To adjust square footage statistics to agree with the provider's square footage schedule and expense groupings. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306									
16	9	B-1	11.00	9	Dietary (Pounds of Laundry)	1,436	(409)	1,027	
	9	B-1	25.00	9	Adults and Pediatrics	49,180	(15,392)	33,788	
	9	B-1	26.00	9	Intensive Care Unit	10,996	(4,635)	6,361	
	9	B-1	36.01	9	Pediatric Subacute Care Unit	102,135	(2,974)	99,161	
	9	B-1	37.00	9	Operating Room	12,748	(7,579)	5,169	
	9	B-1	41.00	9	Radiology - Diagnostic	2,221	(1,347)	874	
	9	B-1	50.00	9	Physical Therapy	298	(212)	86	
	9	B-1	61.00	9	Emergency	10,619	(8,584)	2,035	
	9	B-1	9.00	9	Total - Pounds of Laundry	189,633	(41,132)	148,501	
To adjust laundry and linen statistics to agree with the provider's records. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306									

Provider Name		Fiscal Period		Provider Number		Adjustments			
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>									
17	9	B-1		12.00	11	Cafeteria (Meals Served)	0	33,271	33,271
	9	B-1		25.00	11	Adults and Pediatrics	6,384	4,772	11,156
	9	B-1		26.00	11	Intensive Care Unit	1,750	1,308	3,058
	9	B-1		36.01	11	Pediatric Subacute Care Unit	31,914	(604)	31,310
	9	B-1		100.00	11	Nonreimbursable Meals	0	11,529	11,529
	9	B-1		12.00	11	Total - Meals Served	40,048	50,276	90,324
To adjust dietary statistics to agree with the provider's records.									
42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306									
18	9	B-1		16.00	15	Pharmacy (Costed Requisitions)	228,985	(228,985)	0
	9	B-1		37.00	15	Operating Room	0	228,985	228,985
To reclassify central service and supply statistics to agree with the provider's general ledger.									
42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306									

Provider Name		Fiscal Period		Provider Number		Adjustments		
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENT TO REPORTED PATIENT DAYS</b>								
19	Subacute 1-1	Not Reported				0	3,471	3,471
	Subacute 1-1	Not Reported				0	7,167	7,167
Total Pediatric Subacute Days - Ventilator Total Pediatric Subacute Days - Nonventilator To reflect total ventilator and nonventilator patient days in the audit report. 42 CFR 413.20 and 413.50 / CMS Pub. 15-1, Sections 2205 and 2304								



Provider Name		Fiscal Period		Provider Number		Adjustments			
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
20	5	C	I	XIX	49.00	8	\$65,170,151	\$1,671,840	\$66,841,991
	5	C	I	XIX	61.00	8	2,497,837	(1,671,840)	825,997
<p style="text-align: center;"><b>ADJUSTMENT TO REPORTED TOTAL CHARGES</b></p>									
Respiratory Therapy Emergency To reclassify respiratory charges to the appropriate cost center. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2204, 2206, 2300, and 2304									

Provider Name		Fiscal Period		Provider Number		Adjustments				
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>										
21	Contract 4 Contract 4A	D-1 D-1	I II	XIX XIX	9.00 43.00	1 4	Medi-Cal Days - Adults and Pediatrics Medi-Cal Days - Intensive Care Unit	51 24	(19) (12)	32 12
22	Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6 Contract 6	D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4	XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX	XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX	37.00 41.00 44.00 49.00 50.00 53.00 55.00 56.00 57.00 101.00	2 2 2 2 2 2 2 2 2 2 2 2	Medi-Cal Ancillary Charges - Operating Room Medi-Cal Ancillary Charges - Radiology - Diagnostic Medi-Cal Ancillary Charges - Laboratory Medi-Cal Ancillary Charges - Respiratory Therapy Medi-Cal Ancillary Charges - Physical Therapy Medi-Cal Ancillary Charges - Electrocardiology Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients Medi-Cal Ancillary Charges - Drugs Charged To Patients Medi-Cal Ancillary Charges - Renal Dialysis Medi-Cal Ancillary Charges - Total	\$39,517 23,359 62,413 44,018 8,682 4,968 54,778 101,396 7,230 348,059	(\$24,699) (11,969) (13,095) (19,630) (7,456) (1,386) (4,342) (59,822) (2,821) (145,220)	\$14,818 11,390 49,318 24,388 1,226 3,582 50,436 41,574 4,409 202,839
23	Contract 2 Contract 2	E-3 E-3	III III	XIX XIX	10.00 11.00	1 1	Medi-Cal Routine Service Charges Medi-Cal Ancillary Service Charges	\$3,584,275 348,059	(\$3,486,067) (145,220)	\$98,208 202,839
<p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:</p> <p>Report Date: July 22, 2009                      Payment Period: September 1, 2007 through May 31, 2009                      Service Period: September 1, 2007 through August 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>										

Provider Name		Fiscal Period		Provider Number		Adjustments		
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
24	Subacute 1-1	Not Reported						
	Subacute 1-1	S-3	I	XIX	15.00	5	0	949
							3,573	(1,107)
<p>Medi-Cal Pediatric Subacute Days - Ventilator                      Medi-Cal Pediatric Subacute Days - Total                      To adjust Medi-Cal Settlement Data to agree with the following                      EDS Paid Claims Summary:                      Report Date: July 22, 2009                      Payment Period: September 1, 2007 through May 31, 2009                      Service Period: September 1, 2007 through August 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>								
25	Subacute 4-1	Not Reported					\$0	\$28,736
	Subacute 4-1	Not Reported					0	54,764,420
	Subacute 4-1	Not Reported					0	936,532
	Subacute 4-1	Not Reported					0	4,429,727
	Subacute 4-1	Not Reported					0	1,258,270
	Subacute 4-1	Not Reported					0	61,417,685
<p>Pediatric Subacute Ancillary Charges - Radiology - Diagnostic                      Pediatric Subacute Ancillary Charges - Respiratory Therapy                      Pediatric Subacute Ancillary Charges - Physical Therapy                      Pediatric Subacute Ancillary Charges - Medical Supplies Charged to Patients                      Pediatric Subacute Ancillary Charges - Drugs Charged to Patients                      Pediatric Subacute Ancillary Charges - Total                      To include ancillary charges for subacute services, which are included                      in the Medi-Cal rate.                      CCR, Title 22, Section 51511.5                      CMS Pub. 15-1, Sections 2304 and 2408</p>								
26	Subacute 1-1	Not Reported					\$0	\$32,761
<p>Ventilator Equipment Cost                      To include ventilator equipment cost based on the provider's                      depreciation schedule and general ledger.                      42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2304 and 2309</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
TUSTIN HOSPITAL AND MEDICAL CENTER		SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008		HSC30720F		27		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
27	Subacute 1-1	Not Reported				0	32	32
<p>Contracted Number of Pediatric Subacute Beds</p> <p>To include the number of contracted subacute beds in the audit report.</p> <p>42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Section 2304</p> <p><u>ADJUSTMENT TO OTHER MATTERS</u></p>								