

**REPORT
ON THE
COST REPORT REVIEW**

**SETON MEDICAL CENTER
DALY CITY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS:
1154428688, 1932200441, AND 1679608640**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Louise Wong
Audit Supervisor: Marisa Ho
Auditor: Eileen Kuang**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 29, 2013

Todd Schroeder
Director of Reimbursement and Revenue Services
Daughters of Charity Health System
203 Redwood Shores Parkway, Suite 800
Redwood City, CA 94065

SETON MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPIs) 1154428688, 1932200441, AND 1679608640
FISCAL PERIOD ENDED JUNE 30, 2011

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

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$50,486, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

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

Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Medi-Cal Benefits, Waiver Analysis and Rates Division.

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:

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

Todd Schroeder
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If you have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1154428688		
Reported	\$ 0	
Net Change	\$ (4,875)	
Audited Amount Due Provider (State)	\$ (4,875)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1154428688		
Reported		\$ 8,850,048
Net Change		\$ (1,700,009)
Audited Cost		\$ 7,150,040
Audited Amount Due Provider (State)	\$ (3,122)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1932200441		
Reported		\$ 502.00
Net Change		\$ 8.03
Audited Cost Per Day		\$ 510.03
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI: 1679608640		
Reported		\$ 926.31
Net Change		\$ (38.69)
Audited Cost Per Day		\$ 887.62
Audited Amount Due Provider (State)	\$ (42,489)	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (50,486)	
9. Total Medi-Cal Cost		\$ 7,150,040

SUMMARY OF FINDINGS

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	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)		\$ (50,486)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 13,995
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 0	\$ 13,995
6. Interim Payments (Adj 9)		\$ 0	\$ (18,870)
7. Balance Due Provider (State)		\$ 0	\$ (4,875)
8. Duplicate Payments (Adj)		\$ 0	\$ 0
9.	\$	\$ 0	0
10.	\$	0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (4,875)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1154428688

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 14,321

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 8) \$ 0 \$ 100,0623. Inpatient Ancillary Service Charges (Adj 8) \$ 0 \$ 69,6034. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 169,6655. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 155,3446. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 8,350
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 5,971
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)	\$ 0	\$ 14,321
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 0	\$ 14,321 (To Schedule 2)
9. Medi-Cal Deductible (Adj)	\$ 0	\$ 0
10. Medi-Cal Coinsurance (Adj 9)	\$ 0	\$ (326)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 13,995 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1154428688

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	38,314	38,314
2. Inpatient Days (include private, exclude swing-bed)	38,314	38,314
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	38,314	38,314
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 24)	\$ 63,923,836	\$ 64,558,463
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)	\$ 63,923,836	\$ 64,558,463

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 240,648,890	\$ 240,648,890
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 240,648,890	\$ 240,648,890
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.265631	\$ 0.268268
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)	\$ 6,280.96	\$ 6,280.96
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)	\$ 63,923,836	\$ 64,558,463

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,668.42	\$ 1,684.98
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 5,971
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 5,971

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 700,807	\$ 704,004
2. Total Inpatient Days (Adj)	1,467	1,467
3. Average Per Diem Cost	\$ 477.71	\$ 479.89
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 31, Col 26)	\$ 12,255,335	\$ 12,330,451
7. Total Inpatient Days (Adj)	3,733	3,733
8. Average Per Diem Cost	\$ 3,282.97	\$ 3,303.09
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 32, Col 26)	\$ 10,737,172	\$ 10,804,176
12. Total Inpatient Days (Adj)	3,167	3,167
13. Average Per Diem Cost	\$ 3,390.33	\$ 3,411.49
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 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 34, Col 26)	\$ 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 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
ADMINISTRATIVE DAYS		
31. Per Diem Rate (Adj 6)	\$ 0.00	\$ 351.26
32. Medi-Cal Inpatient Days (Adj 6)	0	17
33. Cost Applicable to Medi-Cal	\$ 0	\$ 5,971
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0	0
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 0	\$ 5,971

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1154428688

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
50.00	Operating Room	\$ 15,600,345	\$ 64,786,601	0.240796	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	2,790,010	11,077,135	0.251871	0	0
53.00	Anesthesiology	810,424	55,263,026	0.014665	0	0
54.00	Radiology - Diagnostic	12,460,964	46,382,137	0.268659	1,112	299
54.01	Radiology - P. O. B.	2,323,374	22,555,949	0.103005	0	0
55.00	Radiology - Therapeutic	3,199,810	19,891,962	0.160859	11,329	1,822
56.00	Radioisotope	2,947,441	12,753,667	0.231105	3,583	828
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	14,457,522	127,606,656	0.113298	10,661	1,208
61.00	PBP Clinical Laboratory Services - Program Only	0	0	0.000000	0	0
62.00	Whole Blood and Packed Red Blood Cells	1,877,215	1,937,765	0.968753	0	0
63.00	Blood Storing, Processing, and Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	1,080,522	3,500,693	0.308660	0	0
65.00	Respiratory Therapy	7,715,688	77,268,445	0.099856	0	0
66.00	Physical Therapy	3,805,951	15,157,824	0.251088	3,660	919
67.00	Occupational Therapy	1,196,478	4,466,084	0.267903	0	0
68.00	Speech Pathology	322,720	2,184,254	0.147748	0	0
69.00	Electrocardiology	3,149,187	38,370,026	0.082074	0	0
70.00	Electroencephalography	152,055	696,649	0.218266	0	0
71.00	Medical Supplies Charged to Patients	13,726,009	107,244,852	0.127988	0	0
72.00	Implantable Devices Charged to Patients	17,499,381	61,728,848	0.283488	0	0
73.00	Drugs Charged to Patients	15,829,475	182,020,243	0.086965	37,262	3,241
74.00	Renal Dialysis	1,295,007	9,930,843	0.130403	0	0
75.00	ASC (Non - Distinct Part)	5,513,671	25,775,760	0.213909	0	0
76.00	Gastro Intestinal Services	2,515,590	7,545,391	0.333394	0	0
76.01	Cardiac Catherization	5,304,886	68,689,326	0.077230	0	0
76.02	CT / MRI	826,643	50,285,202	0.016439	1,996	33
76.98	Hyperbaric Oxygen Therapy	0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
90.01	Wound Care	3,393,453	9,707,660	0.349564	0	0
90.03	Diabetes Treatment Center	315,598	132,199	2.387298	0	0
90.04	OB/GYN Clinic	2,172,386	2,305,150	0.942405	0	0
91.00	Emergency	14,626,088	84,490,229	0.173110	0	0
92.00	Observation Beds	0	21,362,915	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 156,907,897	\$ 1,135,117,491		\$ 69,603	\$ 8,350

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1154428688

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 7)	AUDITED
50.00	Operating Room	\$	\$	\$ 0
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology - Diagnostic	0	1,112	1,112
54.01	Radiology - P. O. B.			0
55.00	Radiology - Therapeutic	0	11,329	11,329
56.00	Radioisotope	0	3,583	3,583
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	0	10,661	10,661
61.00	PBP Clinical Laboratory Services - Program Only			0
62.00	Whole Blood and Packed Red Blood Cells			0
63.00	Blood Storing, Processing, and Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy	0	3,660	3,660
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients			0
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	0	37,262	37,262
74.00	Renal Dialysis			0
75.00	ASC (Non - Distinct Part)			0
76.00	Gastro Intestinal Services			0
76.01	Cardiac Catherization			0
76.02	CT / MRI	0	1,996	1,996
76.98	Hyperbaric Oxygen Therapy			0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
90.01	Wound Care			0
90.03	Diabetes Treatment Center			0
90.04	OB/GYN Clinic			0
91.00	Emergency			0
92.00	Observation Beds			0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 69,603	\$ 69,603

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 8,850,048	\$ 7,150,040
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)	\$ 8,850,048	\$ 7,150,040
6.		\$ 0	\$ 0
7.		\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 8,850,048	\$ 7,150,040
		(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
10.	Medi-Cal Credit Balances (Adj 19)	\$ 0	\$ (3,122)
11.		\$ 0	\$ 0
12.		\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (3,122)
		(To Summary of Findings)	

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

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>8,850,048</u>	\$ <u>7,295,735</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 12)	\$ <u>24,411,851</u>	\$ <u>16,012,689</u>
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3. Inpatient Ancillary Service Charges (Adj 12)	\$ <u>29,171,934</u>	\$ <u>23,260,020</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>53,583,785</u>	\$ <u>39,272,709</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>44,733,737</u>	\$ <u>31,976,974</u>
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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 INPATIENT ROUTINE SERVICE COST**

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

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

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	38,314	38,314
2. Inpatient Days (include private, exclude swing-bed)	38,314	38,314
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	38,314	38,314
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 10)	2,244	1,653

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 24)	\$ 63,923,836	\$ 64,558,463
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)	\$ 63,923,836	\$ 64,558,463

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 240,648,890	\$ 240,648,890
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 240,648,890	\$ 240,648,890
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.265631	\$ 0.268268
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)	\$ 6,280.96	\$ 6,280.96
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)	\$ 63,923,836	\$ 64,558,463

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,668.42	\$ 1,684.98
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 3,743,934	\$ 2,785,272
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 874,634	\$ 1,155,379
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 4,618,568	\$ 3,940,651

(To Contract Sch 3)

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

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 700,807	\$ 704,004
2. Total Inpatient Days (Adj)	1,467	1,467
3. Average Per Diem Cost	\$ 477.71	\$ 479.89
4. Medi-Cal Inpatient Days (Adj 10)	587	737
5. Cost Applicable to Medi-Cal	\$ 280,416	\$ 353,679
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 12,255,335	\$ 12,330,451
7. Total Inpatient Days (Adj)	3,733	3,733
8. Average Per Diem Cost	\$ 3,282.97	\$ 3,303.09
9. Medi-Cal Inpatient Days (Adj 10)	181	0
10. Cost Applicable to Medi-Cal	\$ 594,218	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 10,737,172	\$ 10,804,176
12. Total Inpatient Days (Adj)	3,167	3,167
13. Average Per Diem Cost	\$ 3,390.33	\$ 3,411.49
14. Medi-Cal Inpatient Days (Adj 10)	0	235
15. Cost Applicable to Medi-Cal	\$ 0	\$ 801,700
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 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 34, Col 26)	\$ 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 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)	\$ 874,634	\$ 1,155,379

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
50.00	Operating Room	\$ 15,600,345	\$ 64,786,601	0.240796	\$ 2,042,266	\$ 491,769
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	2,790,010	11,077,135	0.251871	2,804,282	706,318
53.00	Anesthesiology	810,424	55,263,026	0.014665	1,277,363	18,732
54.00	Radiology - Diagnostic	12,460,964	46,382,137	0.268659	361,583	97,142
54.01	Radiology - P. O. B.	2,323,374	22,555,949	0.103005	0	0
55.00	Radiology - Therapeutic	3,199,810	19,891,962	0.160859	149,511	24,050
56.00	Radioisotope	2,947,441	12,753,667	0.231105	80,586	18,624
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	14,457,522	127,606,656	0.113298	2,780,898	315,069
61.00	PBP Clinical Laboratory Services - Program Only	0	0	0.000000	0	0
62.00	Whole Blood and Packed Red Blood Cells	1,877,215	1,937,765	0.968753	100,875	97,723
63.00	Blood Storing, Processing, and Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	1,080,522	3,500,693	0.308660	0	0
65.00	Respiratory Therapy	7,715,688	77,268,445	0.099856	728,638	72,759
66.00	Physical Therapy	3,805,951	15,157,824	0.251088	174,695	43,864
67.00	Occupational Therapy	1,196,478	4,466,084	0.267903	91,077	24,400
68.00	Speech Pathology	322,720	2,184,254	0.147748	46,007	6,797
69.00	Electrocardiology	3,149,187	38,370,026	0.082074	294,451	24,167
70.00	Electroencephalography	152,055	696,649	0.218266	18,660	4,073
71.00	Medical Supplies Charged to Patients	13,726,009	107,244,852	0.127988	2,356,888	301,652
72.00	Implantable Devices Charged to Patients	17,499,381	61,728,848	0.283488	1,252,370	355,032
73.00	Drugs Charged to Patients	15,829,475	182,020,243	0.086965	5,123,243	445,545
74.00	Renal Dialysis	1,295,007	9,930,843	0.130403	131,430	17,139
75.00	ASC (Non - Distinct Part)	5,513,671	25,775,760	0.213909	0	0
76.00	Gastro Intestinal Services	2,515,590	7,545,391	0.333394	0	0
76.01	Cardiac Catheterization	5,304,886	68,689,326	0.077230	2,007,807	155,063
76.02	CT / MRI	826,643	50,285,202	0.016439	725,474	11,926
76.98	Hyperbaric Oxygen Therapy	0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
90.01	Wound Care	3,393,453	9,707,660	0.349564	0	0
90.03	Diabetes Treatment Center	315,598	132,199	2.387298	0	0
90.04	OB/GYN Clinic	2,172,386	2,305,150	0.942405	0	0
91.00	Emergency	14,626,088	84,490,229	0.173110	711,916	123,240
92.00	Observation Beds	0	21,362,915	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 156,907,897	\$ 1,135,117,491		\$ 23,260,020	\$ 3,355,084

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1154428688

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 11)	AUDITED
50.00	Operating Room	\$ 2,996,869	\$ (954,603)	\$ 2,042,266
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room	4,189,607	(1,385,325)	2,804,282
53.00	Anesthesiology	1,439,595	(162,232)	1,277,363
54.00	Radiology - Diagnostic	1,177,674	(816,091)	361,583
54.01	Radiology - P. O. B.			0
55.00	Radiology - Therapeutic	190,875	(41,364)	149,511
56.00	Radioisotope	297,051	(216,465)	80,586
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	5,248,187	(2,467,289)	2,780,898
61.00	PBP Clinical Laboratory Services - Program Only			0
62.00	Whole Blood and Packed Red Blood Cells	0	100,875	100,875
63.00	Blood Storing, Processing, and Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	2,886,667	(2,158,029)	728,638
66.00	Physical Therapy	448,672	(273,977)	174,695
67.00	Occupational Therapy	256,419	(165,342)	91,077
68.00	Speech Pathology	130,392	(84,385)	46,007
69.00	Electrocardiology	1,065,811	(771,360)	294,451
70.00	Electroencephalography	34,595	(15,935)	18,660
71.00	Medical Supplies Charged to Patients	2,121,444	235,444	2,356,888
72.00	Implantable Devices Charged to Patients	85,331	1,167,039	1,252,370
73.00	Drugs Charged to Patients	2,874	5,120,369	5,123,243
74.00	Renal Dialysis	412,906	(281,476)	131,430
75.00	ASC (Non - Distinct Part)			0
76.00	Gastro Intestinal Services			0
76.01	Cardiac Catheterization	4,257,126	(2,249,319)	2,007,807
76.02	CT / MRI	981,990	(256,516)	725,474
76.98	Hyperbaric Oxygen Therapy			0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
90.01	Wound Care			0
90.03	Diabetes Treatment Center			0
90.04	OB/GYN Clinic			0
91.00	Emergency	947,849	(235,933)	711,916
92.00	Observation Beds			0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 29,171,934	\$ (5,911,914)	\$ 23,260,020

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

**Provider Name:
SETON MEDICAL CENTER**

**Fiscal Period Ended:
JUNE 30, 2011**

**Provider NPI:
1932200441**

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 0	\$ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 18,360,551	\$ 18,654,401	\$ 293,850
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 18,360,551	\$ 18,654,401	\$ 293,850
4. Total Distinct Part Patient Days (Adj)	36,575	36,575	0
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 502.00	\$ 510.03	\$ 8.03
DPNF OVERPAYMENTS 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 Licensed Distinct Part Beds (C/R, W/S S-3)	116	116	0
10. Total Licensed Capacity (All levels) (Adj 15)	391	478	87
11. Total Medi-Cal DP Patient Days (Adj 14)	13,148	2,256	(10,892)
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 179,697	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 704,294	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 883,991	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 7,289,352	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 7,379,690	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 14,669,042	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1932200441

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 7,864,432	\$ 7,864,432	\$ 0
1.00	Capital Related Costs - Buildings and Fixtures	47,197	47,197	0
1.01	New Capital Related Costs - Building (Coastside)	77,995	77,992	(3)
2.00	Capital Related Costs - Movable Equipment	88,314	88,314	(0)
2.01	New Capital Related Costs - Equipment (Coastside)	125,160	125,158	(2)
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	2,790,488	2,841,976	51,488
5.01	Nonpatient Phones	13,013	13,043	30
5.02	Data Processing		0	0
5.03	Purchasing, Receiving and Stores	58,380	58,478	98
5.04	Admitting	84,184	84,472	288
5.05	Cashiering/Accounts Receivable	66,863	66,871	8
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	1,622,780	1,627,959	5,179
6.00	Maintenance and Repairs	512,218	513,439	1,221
7.00	Operation of Plant	297,611	297,592	(19)
8.00	Laundry and Linen Service		0	0
9.00	Housekeeping	1,269,427	1,274,276	4,849
10.00	Dietary	1,951,712	2,149,426	197,714
11.00	Cafeteria	304,117	330,178	26,061
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	860,262	865,381	5,119
14.00	Central Services and Supply	11,922	11,929	7
15.00	Pharmacy	5,496	5,529	33
16.00	Medical Records and Library	97,143	97,526	383
17.00	Social Service	211,837	213,232	1,395
18.00	Other General Service (Specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern and Resident Service - Salary and Fringes (Approved)		0	0
22.00	Intern and Resident Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (Specify)		0	0
23.01			0	0
23.02			0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 18,360,551	\$ 18,654,401	\$ 293,850

(To DPNF Sch 1)

* From Schedule 8, line 44.

ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1932200441

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs - Buildings and Fixtures	\$ 47,197	\$ N/A
1.01	New Capital Related Costs - Building (Coastside)	77,992	N/A
2.00	Capital Related Costs - Movable Equipment	88,314	N/A
2.01	New Capital Related Costs - Equipment (Coastside)	125,158	N/A
3.02		0	N/A
3.03		0	N/A
3.04		0	N/A
3.05		0	N/A
3.06		0	N/A
3.07		0	N/A
3.08		0	N/A
3.09		0	N/A
4.00	Employee Benefits	10,452	2,831,524
5.01	Nonpatient Phones	132	5,920
5.02	Data Processing	0	0
5.03	Purchasing, Receiving and Stores	7,435	19,315
5.04	Admitting	3,298	59,676
5.05	Cashiering/Accounts Receivable	225	1,323
5.06		0	0
5.07		0	0
5.08		0	0
5.00	Administrative and General	43,691	651,626
6.00	Maintenance and Repairs	22,981	251,506
7.00	Operation of Plant	21,357	20,934
8.00	Laundry and Linen Service	0	0
9.00	Housekeeping	24,054	936,687
10.00	Dietary	161,240	1,376,595
11.00	Cafeteria	26,573	256,621
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	22,418	722,911
14.00	Central Services and Supply	7,299	1,869
15.00	Pharmacy	722	4,693
16.00	Medical Records and Library	7,765	51,336
17.00	Social Service	5,991	187,154
18.00	Other General Service (Specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	0	0
21.00	Intern and Resident Service - Salary and Fringes (Approved)	0	0
22.00	Intern and Resident Other Program Costs (Approved)	0	0
23.00	Paramedical Ed. Program (Specify)	0	0
23.01		0	0
23.02		0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 704,294	\$ 7,379,690

* These amounts include Skilled Nursing Facility expenses, line 44.

(To DPNF SCH 1)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1679608640

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 0	\$ 0	\$ 0
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 13,906,722	\$ 13,325,816	\$ (580,906)
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 13,906,722	\$ 13,325,816	\$ (580,906)
4. Total Adult Subacute Patient Days (Adj)	15,013	15,013	0
5. Average Adult Subacute Per Diem Cost (L3 ÷ L4)	\$ 926.31	\$ 887.62	\$ (38.69)
ADULT SUBACUTE OVERPAYMENT & OVERBILLINGS			
6. Medi-Cal Overpayments (Adj 20)	\$ 0	\$ (42,489)	\$ (42,489)
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (42,489)	\$ (42,489)
		(To Summary of Findings)	
GENERAL INFORMATION			
9. Contracted Number of Adult Subacute Beds (Adj)	44	44	0
10. Total Licensed Nursing Facility Beds (Adj)	116	116	0
11. Total Licensed Capacity (All levels of care)(Adj 18)	391	478	87
12. Total Medi-Cal Adult Subacute Patient Days (Adj 16)	0	5,248	5,248
CAPITAL RELATED COST			
13. Direct Capital Related Cost	N/A	\$ 137,988	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 615,775	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 753,763	N/A
TOTAL SALARY & BENEFITS			
16. Direct Salary & Benefits Expenses	N/A	\$ 5,887,340	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 4,358,908	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 10,246,248	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj 17)	AUDITED TOTAL DAYS (Adj 5)	AUDITED MEDI-CAL DAYS (Adj 16)
19. Ventilator (Equipment Cost Only)	\$ 149,975	12,489	4,160
20. Nonventilator	N/A	2,524	N/A
21. TOTAL	N/A	15,013	N/A

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1679608640

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 6,683,356	\$ 6,683,356	\$ 0
1.00	Capital Related Costs - Buildings and Fixtures	148,985	148,985	0
1.01	New Capital Related Costs - Building (Coastside)		0	0
2.00	Capital Related Costs - Movable Equipment	278,776	278,776	0
2.01	New Capital Related Costs - Equipment (Coastside)		0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	2,253,774	2,295,359	41,585
5.01	Nonpatient Phones	19,019	19,063	44
5.02	Data Processing		0	0
5.03	Purchasing, Receiving and Stores	110,399	110,585	186
5.04	Admitting	181,623	182,244	621
5.05	Cashiering/Accounts Receivable	144,253	144,270	17
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	1,420,824	1,424,926	4,102
6.00	Maintenance and Repairs	289,895	290,586	691
7.00	Operation of Plant	168,436	168,425	(11)
8.00	Laundry and Linen Service		0	0
9.00	Housekeeping	216,731	217,559	828
10.00	Dietary	801,124	148,322	(652,802)
11.00	Cafeteria	216,956	235,547	18,591
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	603,983	607,578	3,595
14.00	Central Services and Supply	34,780	34,799	19
15.00	Pharmacy	28,099	28,267	168
16.00	Medical Records and Library	209,581	210,407	826
17.00	Social Service	96,128	96,761	633
18.00	Other General Service (Specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern and Resident Service - Salary and Fringes (Approved)		0	0
22.00	Intern and Resident Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (Specify)		0	0
23.01			0	0
23.02			0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 13,906,722	\$ 13,325,816	\$ (580,906)

(To Adult Subacute Sch 1)

* From Schedule 8, Line 46.00

**ALLOCATION OF INDIRECT EXPENSES
ADULT SUBACUTE**

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1679608640

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Capital Related Costs - Buildings and Fixtures	\$ 148,985	\$ N/A
1.01	New Capital Related Costs - Building (Coastside)	0	N/A
2.00	Capital Related Costs - Movable Equipment	278,776	N/A
2.01	New Capital Related Costs - Equipment (Coastside)	0	N/A
3.02		0	N/A
3.03		0	N/A
3.04		0	N/A
3.05		0	N/A
3.06		0	N/A
3.07		0	N/A
3.08		0	N/A
3.09		0	N/A
4.00	Employee Benefits	8,441	2,286,917
5.01	Nonpatient Phones	193	8,653
5.02	Data Processing	0	0
5.03	Purchasing, Receiving and Stores	14,061	36,526
5.04	Admitting	7,115	128,747
5.05	Cashiering/Accounts Receivable	484	2,855
5.06		0	0
5.07		0	0
5.08		0	0
5.00	Administrative and General	38,242	570,357
6.00	Maintenance and Repairs	13,007	142,343
7.00	Operation of Plant	12,087	11,848
8.00	Laundry and Linen Service	0	0
9.00	Housekeeping	4,107	159,922
10.00	Dietary	11,126	94,992
11.00	Cafeteria	18,957	183,072
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	15,739	507,550
14.00	Central Services and Supply	21,292	5,451
15.00	Pharmacy	3,690	23,994
16.00	Medical Records and Library	16,753	110,754
17.00	Social Service	2,719	84,927
18.00	Other General Service (Specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	0	0
21.00	Intern and Resident Service - Salary and Fringes (Approved)	0	0
22.00	Intern and Resident Other Program Costs (Approved)	0	0
23.00	Paramedical Ed. Program (Specify)	0	0
23.01		0	0
23.02		0	0
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 615,775	\$ 4,358,908

(To Adult Subacute Sch 1)

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	NON-PATIENT PHONES 5.01	DATA PROCESSING COST 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING ALLOC COST 5.04	CASHIERING ACCOUNTS RECEIVABLE 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINISTRATIVE & GENERAL 5.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review - SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, and Canteen	0	18,928	2,007	0	19,617	0	0	0	0	0	196,966	28,457
194.00 Marketing	0	76,417	6,020	0	1,495	0	0	0	0	0	922,216	133,239
194.01 SF Heart Institute	0	165,266	25,083	0	698	0	0	0	0	0	1,021,802	147,627
194.02 MD Office Building	0	62,823	41,136	0	11,600	0	0	0	0	0	3,255,654	470,368
194.03 Seton SNF Vacant Space	0	0	0	0	0	0	0	0	0	0	95,836	13,846
194.04 Mission Services	0	0	0	0	14	0	0	0	0	0	12,553	1,814
194.05 Auxiliary group	0	0	8,026	0	558	0	0	0	0	0	73,414	10,607
194.07 Foundation	0	0	8,026	0	0	0	0	0	0	0	42,493	6,139
TOTAL	0	51,468,167	1,093,610	7,246,681	6,277,165	4,063,413	3,216,734	0	0	0	284,194,616	35,876,318

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review - SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, and Canteen	20,517	11,892	0	0	0	2,559	0	0	10	0	0	0
194.00 Marketing	10,529	6,102	0	0	0	10,551	0	0	96	0	0	0
194.01 SF Heart Institute	129,219	74,896	0	93,240	0	17,744	0	0	0	0	0	0
194.02 MD Office Building	2,421	1,403	0	0	0	4,340	0	0	226	0	0	0
194.03 Seton SNF Vacant Space	0	0	0	0	0	0	0	0	0	0	0	0
194.04 Mission Services	2,919	1,692	0	0	0	0	0	0	0	0	0	0
194.05 Auxiliary group	31,045	17,994	0	0	0	0	0	0	0	0	0	0
194.07 Foundation	23,414	13,571	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>7,253,632</u>	<u>4,098,356</u>	<u>1,635,852</u>	<u>5,314,665</u>	<u>4,598,889</u>	<u>3,450,972</u>	<u>0</u>	<u>5,439,862</u>	<u>1,906,586</u>	<u>5,944,025</u>	<u>4,691,354</u>	<u>581,146</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC (SPECIFIC) 18.00	ANESTHETIST 19.00	SCHOOL 20.00	SAL & BENEFITS 21.00	PROGRAM COSTS 22.00	EDUCATION PROGRAM 23.00	COST 23.01	COST 23.02	24.00	STEP-DOWN ADJUSTMENT 25.00	COST 26.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (Specify)	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review - SNF	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	260,401		260,401
194.00 Marketing	0	0	0	0	0	0	0	0	1,082,733		1,082,733
194.01 SF Heart Institute	0	0	0	0	0	0	0	0	1,484,527		1,484,527
194.02 MD Office Building	0	0	0	0	0	0	0	0	3,734,412		3,734,412
194.03 Seton SNF Vacant Space	0	0	0	0	0	0	0	0	109,682		109,682
194.04 Mission Services	0	0	0	0	0	0	0	0	18,976		18,976
194.05 Auxiliary group	0	0	0	0	0	0	0	0	133,060		133,060
194.07 Foundation	0	0	0	0	0	0	0	0	85,617		85,617
TOTAL	0	0	0	0	123,390	0	0	0	284,194,616	(123,412)	284,071,204

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES)	NON-PATIENT TELEPHONES (# OF PHONES)	DATA PROCESSING (DP TIME)	PURCH, REC STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING ACCT RECEIVABLE (GROSS REVENUE)	STAT 5.06	STAT 5.07	STAT 5.08	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00 (Adj 3)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs - Buildings and Fixtures											
1.01	New Capital Related Costs - Building (Coastside)											
2.00	Capital Related Costs - Movable Equipment											
2.01	New Capital Related Costs - Equipment (Coastside)											
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	357,514											
5.02	286,695	30										
5.03	1,341,400	11	2,306									
5.04	2,034,689	23	393									
5.05			713									
5.06												
5.07												
5.08												
5.00	10,259,462	98	600	219,159								
6.00	2,244,173	37	600	3,984						6,337,944		
7.00		1		6,257						3,421,363	8,450	
8.00	104,273	4		57,193						1,294,054	4,534	
9.00	2,580,194	11		322,927						4,567,003	2,572	
10.00	1,775,006	24		198,017						3,557,496	10,211	
11.00	1,744,845	9								2,767,125	8,318	
12.00										0		
13.00	2,982,106	20		49,750						4,548,217	3,621	
14.00	39,699	11		100,042						1,356,228	8,016	
15.00	3,280,722	26		55,843						4,905,846	4,107	
16.00	1,472,357	44		60,918						3,712,955	10,473	
17.00	333,476	5		1						480,549	480	
18.00	Other General Service (Specify)											
19.00	Nonphysician Anesthetists											
20.00	Nursing School											
21.00	Intern and Resident Service - Salary and Fringes (Approved)											
22.00	Intern and Resident Other Program Costs (Approved)											
23.00	Paramedical Ed. Program (Specify)											
23.01												
23.02												
INPATIENT ROUTINE COST CENTERS												
30.00	29,600,170	96		902,397	240,648,890	240,648,890				46,844,580	70,870	
31.00	6,236,403	12		295,152	49,310,423	49,310,423				9,573,375	6,016	
32.00	5,370,216	12		241,308	44,435,774	44,435,774				8,214,095	6,052	
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Special Care (Specify)											
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (Specify)											
43.00	395,769	2		12,478	4,348,775	4,348,775				595,795	229	
44.00	7,289,352	13		243,821	32,316,390	32,316,390				11,267,934	23,749	
45.00	Nursing Facility											
46.00	5,887,340	19		461,077	69,720,888	69,720,888				9,862,638	13,441	
47.00												

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES)	NON-PATIENT TELEPHONES (# OF PHONES)	DATA PROCESSING (DP TIME)	PURCH, REC STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING ACCT RECEIVABLE (GROSS REVENUE)	STAT 5.06	STAT 5.07	STAT 5.08	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00 (Adj 3)
105.00											0	
106.00											0	
107.00											0	
108.00											0	
109.00											0	
110.00											0	
111.00											0	
112.00											0	
113.00											0	
114.00											0	
115.00											0	
116.00											0	
117.00											0	
190.00	48,548	2		81,790						196,966	949	
194.00	196,002	6		6,232						922,216	487	
194.01	423,889	25		2,911						1,021,802	5,977	
194.02	161,135	41		48,366						3,255,654	112	
194.03										95,836		
194.04				59						12,553	135	
194.05		8		2,325						73,414	1,436	
194.07		8								42,493	1,083	
TOTAL	132,010,139	1,090	4,612	26,172,225	1,554,535,716	1,554,535,716	0	0	0	248,318,298	335,515	
COST TO BE ALLOCATED	51,468,167	1,093,610	7,246,681	6,277,165	4,063,413	3,216,734	0	0	0	35,876,318	7,253,632	
UNIT COST MULTIPLIER - SCH 8	0.389880	1003.312062	1571.266544	0.239841	0.002614	0.002069	0.000000	0.000000	0.000000	0.144477	21.619398	

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT) (Adj 3)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (HRS OF SERVICE)	DIETARY (MEALS SERVED) (Adj 4)	CAFETERIA (PAID HOURS)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY CSTD REQUIS	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs - Buildings and Fixtures											
1.01	New Capital Related Costs - Building (Coastside)											
2.00	Capital Related Costs - Movable Equipment											
2.01	New Capital Related Costs - Equipment (Coastside)											
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Nonpatient Phones											
5.02	Data Processing											
5.03	Purchasing, Receiving and Stores											
5.04	Admitting											
5.05	Cashiering/Accounts Receivable											
5.06												
5.07												
5.08												
5.00	Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	4,534											
9.00	2,572											
10.00	10,211	2,392										
11.00	8,318											
12.00	Maintenance of Personnel											
13.00	3,621											
13.00		53,289										
14.00	8,016	936										
14.00		1,405										
15.00	4,107	936										
15.00		56,705										
15.00		1,368										
15.00		15,030										
16.00	10,473											
16.00		40,439										
16.00		2,068										
17.00	480											
17.00		7,102										
18.00	Other General Service (Specify)											
19.00	Nonphysician Anesthetists											
20.00	Nursing School											
21.00	Intern and Resident Service - Salary and Fringes (Approved)											
22.00	Intern and Resident Other Program Costs (Approved)											
23.00	Paramedical Ed. Program (Specify)											
23.01												
23.02												
INPATIENT ROUTINE COST CENTERS												
30.00	70,870	1,556,345	20,384	150,424	373,459		331,563	660,198	109,366	240,648,890	4,681	
31.00	6,016	110,105	3,328	7,981	70,123		65,453	248,735	30,291	49,310,423	497	
32.00	6,052	456,437	1,872	9,028	58,632		54,929	202,633	23,124	44,435,774	421	
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Special Care (Specify)											
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (Specify)											
43.00	229											
43.00		12,476										
43.00		220										
43.00		4,348,775										
44.00	23,749	17,056										
44.00		156,394										
44.00		158,692										
44.00		151,510										
44.00		145,779										
44.00		7,360										
44.00		32,316,390										
44.00		4,403										
46.00	13,441	2,912										
46.00		10,792										
46.00		113,210										
46.00		106,374										
46.00		425,272										
46.00		37,629										
46.00		69,720,888										
46.00		1,998										

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (HRS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY CSTD REQUIS	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	OTHER SVC (TIME SPENT)
	7.00 (Adj 3)	8.00	9.00	10.00 (Adj 4)	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
112.00 Other Organ Acquisition (Specify)												
113.00 Interest Expense												
114.00 Utilization Review - SNF												
115.00 Ambulatory Surgical Center (Distinct Part)												
116.00 Hospice												
117.00 Other Special Purpose (Specify)												
190.00 Gift, Flower, Coffee Shop, and Canteen	949				1,230			127				
194.00 Marketing	487				5,071			1,178				
194.01 SF Heart Institute	5,977		1,248		8,528							
194.02 MD Office Building	112				2,086			2,757				
194.03 Seton SNF Vacant Space												
194.04 Mission Services	135											
194.05 Auxiliary group	1,436											
194.07 Foundation	1,083											
TOTAL	327,065	2,419,931	71,136	334,619	1,658,624	0	952,405	23,299,751	7,912,576	#####	12,000	0
COST TO BE ALLOCATED	4,098,356	1,635,852	5,314,665	4,598,889	3,450,972	0	5,439,862	1,906,586	5,944,025	4,691,354	581,146	0
UNIT COST MULTIPLIER - SCH 8	12.530708	0.675991	74.711323	13.743658	2.080624	0.000000	5.711711	0.081829	0.751212	0.003018	48.428855	0.000000

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

NONPHYSICIAN	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
19.00	20.00	21.00	22.00	23.00	23.01	23.02

GENERAL SERVICE COST CENTERS

- 1.00 Capital Related Costs - Buildings and Fixtures
- 1.01 New Capital Related Costs - Building (Coastside)
- 2.00 Capital Related Costs - Movable Equipment
- 2.01 New Capital Related Costs - Equipment (Coastside)
- 3.02
- 3.03
- 3.04
- 3.05
- 3.06
- 3.07
- 3.08
- 3.09
- 4.00 Employee Benefits
- 5.01 Nonpatient Phones
- 5.02 Data Processing
- 5.03 Purchasing, Receiving and Stores
- 5.04 Admitting
- 5.05 Cashiering/Accounts Receivable
- 5.06
- 5.07
- 5.08
- 5.00 Administrative and General
- 6.00 Maintenance and Repairs
- 7.00 Operation of Plant
- 8.00 Laundry and Linen Service
- 9.00 Housekeeping
- 10.00 Dietary
- 11.00 Cafeteria
- 12.00 Maintenance of Personnel
- 13.00 Nursing Administration
- 14.00 Central Services and Supply
- 15.00 Pharmacy
- 16.00 Medical Records and Library
- 17.00 Social Service
- 18.00 Other General Service (Specify)
- 19.00 Nonphysician Anesthetists
- 20.00 Nursing School
- 21.00 Intern and Resident Service - Salary and Fringes (Approved)
- 22.00 Intern and Resident Other Program Costs (Approved)
- 23.00 Paramedical Ed. Program (Specify)
- 23.01
- 23.02

INPATIENT ROUTINE COST CENTERS

- 30.00 Adults and Pediatrics (Gen Routine) 100 100
- 31.00 Intensive Care Unit
- 32.00 Coronary Care Unit
- 33.00 Burn Intensive Care Unit
- 34.00 Surgical Intensive Care Unit
- 35.00 Other Special Care (Specify)
- 40.00 Subprovider - IPF
- 41.00 Subprovider - IRF
- 42.00 Subprovider (Specify)
- 43.00 Nursery
- 44.00 Skilled Nursing Facility
- 45.00 Nursing Facility
- 46.00 Subacute Care
- 47.00

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
19.00	20.00	21.00	22.00	23.00	23.01	23.02

ANCILLARY COST CENTERS

- 50.00 Operating Room
- 51.00 Recovery Room
- 52.00 Labor Room and Delivery Room
- 53.00 Anesthesiology
- 54.00 Radiology - Diagnostic
- 54.01 Radiology - P. O. B.
- 55.00 Radiology - Therapeutic
- 56.00 Radioisotope
- 58.00 Magnetic Resonance Imaging (MRI)
- 59.00 Cardiac Catheterization
- 60.00 Laboratory
- 61.00 PBP Clinical Laboratory Services - Program Only
- 62.00 Whole Blood and Packed Red Blood Cells
- 63.00 Blood Storing, Processing, and Trans.
- 64.00 Intravenous Therapy
- 65.00 Respiratory Therapy
- 66.00 Physical Therapy
- 67.00 Occupational Therapy
- 68.00 Speech Pathology
- 69.00 Electrocardiology
- 70.00 Electroencephalography
- 71.00 Medical Supplies Charged to Patients
- 72.00 Implantable Devices Charged to Patients
- 73.00 Drugs Charged to Patients
- 74.00 Renal Dialysis
- 75.00 ASC (Non - Distinct Part)
- 76.00 Gastro Intestinal Services
- 76.01 Cardiac Catherization
- 76.02 CT / MRI
- 76.98 Hyperbaric Oxygen Therapy
- 80.00
- 81.00
- 82.00
- 83.00
- 84.00
- 85.00
- 86.00
- 87.00
- 87.01
- 88.00 Rural Health Clinic (RHC)
- 89.00 Federally Qualified Health Center (FQHC)
- 90.00 Clinic
- 90.01 Wound Care
- 90.03 Diabetes Treatment Center
- 90.04 OB/GYN Clinic
- 91.00 Emergency
- 92.00 Observation Beds
- 93.03
- 93.04
- 93.05

NONREIMBURSABLE COST CENTERS

- 94.00 Home Program Dialysis
- 95.00 Ambulance Services
- 96.00 Durable Medical Equipment - Rented
- 97.00 Durable Medical Equipment - Sold
- 98.00 Other Reimbursable (Specify)
- 99.00 Outpatient Rehabilitation Provider (Specify)
- 100.00 Intern - Resident Service (Not appvd. tching. prgm.)
- 101.00 Home Health Agency

Provider Name:
 SETON MEDICAL CENTER

Fiscal Period Ended:
 JUNE 30, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
105.00							
106.00							
107.00							
108.00							
109.00							
110.00							
111.00							
112.00							
113.00							
114.00							
115.00							
116.00							
117.00							
190.00							
194.00							
194.01							
194.02							
194.03							
194.04							
194.05							
194.07							
TOTAL	0	0	100	100	0	0	0
COST TO BE ALLOCATED	0	0	0	123,390	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	1233.895141	0.000000	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs - Buildings and Fixtures	\$ 3,478,951	\$ 0	\$ 3,478,951
1.01	New Capital Related Costs - Building (Coastside)	136,185	0	136,185
2.00	Capital Related Costs - Movable Equipment	6,330,358	0	6,330,358
2.01	New Capital Related Costs - Equipment (Coastside)	218,544	0	218,544
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	50,346,402	932,487	51,278,889
5.01	Nonpatient Phones	943,681	0	943,681
5.02	Data Processing	7,035,667	0	7,035,667
5.03	Purchasing, Receiving and Stores	1,969,763	0	1,969,763
5.04	Admitting	2,499,398	0	2,499,398
5.05	Cashiering/Accounts Receivable	2,096,421	0	2,096,421
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	30,298,049	0	30,298,049
6.00	Maintenance and Repairs	4,278,049	0	4,278,049
7.00	Operation of Plant	3,149,937	0	3,149,937
8.00	Laundry and Linen Service	1,113,055	0	1,113,055
9.00	Housekeeping	3,408,394	0	3,408,394
10.00	Dietary	2,499,630	0	2,499,630
11.00	Cafeteria	1,828,931	0	1,828,931
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	3,251,948	0	3,251,948
14.00	Central Services and Supply	1,080,230	0	1,080,230
15.00	Pharmacy	3,459,996	0	3,459,996
16.00	Medical Records and Library	2,751,859	0	2,751,859
17.00	Social Service	333,665	0	333,665
18.00	Other General Service (Specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern and Resident Service - Salary and Fringes (Approved)		0	0
22.00	Intern and Resident Other Program Costs (Approved)	107,813	0	107,813
23.00	Paramedical Ed. Program (Specify)		0	0
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults and Pediatrics (Gen Routine)	31,608,859	0	31,608,859
31.00	Intensive Care Unit	6,636,706	0	6,636,706
32.00	Coronary Care Unit	5,649,732	0	5,649,732
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (Specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (Specify)		0	0
43.00	Nursery	408,839	0	408,839
44.00	Skilled Nursing Facility	7,864,432	0	7,864,432
45.00	Nursing Facility		0	0
46.00	Subacute Care	6,683,356	0	6,683,356
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 8,903,831	\$ 0	\$ 8,903,831
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room	1,458,689	0	1,458,689
53.00	Anesthesiology	111,576	0	111,576
54.00	Radiology - Diagnostic	6,861,449	0	6,861,449
54.01	Radiology - P. O. B.	1,218,678	0	1,218,678
55.00	Radiology - Therapeutic	1,575,565	0	1,575,565
56.00	Radioisotope	1,852,655	0	1,852,655
58.00	Magnetic Resonance Imaging (MRI)		0	0
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	8,215,833	0	8,215,833
61.00	PBP Clinical Laboratory Services - Program Only		0	0
62.00	Whole Blood and Packed Red Blood Cells	1,604,392	0	1,604,392
63.00	Blood Storing, Processing, and Trans.		0	0
64.00	Intravenous Therapy	608,178	0	608,178
65.00	Respiratory Therapy	4,011,276	0	4,011,276
66.00	Physical Therapy	2,219,018	0	2,219,018
67.00	Occupational Therapy	419,754	0	419,754
68.00	Speech Pathology	184,262	0	184,262
69.00	Electrocardiology	1,552,080	0	1,552,080
70.00	Electroencephalography	73,589	0	73,589
71.00	Medical Supplies Charged to Patients	8,557,385	0	8,557,385
72.00	Implantable Devices Charged to Patients	11,314,830	0	11,314,830
73.00	Drugs Charged to Patients	7,535,280	0	7,535,280
74.00	Renal Dialysis	721,553	0	721,553
75.00	ASC (Non - Distinct Part)	3,087,739	0	3,087,739
76.00	Gastro Intestinal Services	1,403,333	0	1,403,333
76.01	Cardiac Catherization	2,491,155	0	2,491,155
76.02	CT / MRI	153,217	0	153,217
76.98	Hyperbaric Oxygen Therapy		0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic		0	0
90.01	Wound Care	1,629,960	0	1,629,960
90.03	Diabetes Treatment Center	119,035	0	119,035
90.04	OB/GYN Clinic	1,560,093	0	1,560,093
91.00	Emergency	7,585,851	0	7,585,851
92.00	Observation Beds		0	0
93.03			0	0
93.04			0	0
93.05			0	0
	SUBTOTAL	\$ 278,499,106	\$ 932,487	\$ 279,431,593
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment - Rented		0	0
97.00	Durable Medical Equipment - Sold		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (Specify)		0	0
99.00	Outpatient Rehabilitation Provider (Specify)		0	0
100.00	Intern - Resident Service (Not appvd. tchnng. prgm.)		0	0
101.00	Home Health Agency		0	0
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition (Specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review - SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose (Specify)		0	0
190.00	Gift, Flower, Coffee Shop, and Canteen	131,007	0	131,007
194.00	Marketing	825,182	0	825,182
194.01	SF Heart Institute	640,536	0	640,536
194.02	MD Office Building	3,138,927	0	3,138,927
194.03	Seton SNF Vacant Space		0	0
194.04	Mission Services	8,242	0	8,242
194.05	Auxiliary group	19,129	0	19,129
194.07	Foundation		0	0
	SUBTOTAL	\$ 4,763,023	\$ 0	\$ 4,763,023
200	TOTAL	\$ 283,262,129	\$ 932,487	\$ 284,194,616

(To Schedule 8)

Provider Name			Fiscal Period				Provider NPI		Adjustments	
SETON MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1154428688		20	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED COSTS										
1	10A	A			4.00	7	Employee Benefits To adjust reported pension expense to allowable amount funded to the pension trust account. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$50,346,402	\$760,986	\$51,107,388 *
2	10A	A			4.00	7	Employee Benefits To adjust workers' compensation to allowable amount based on the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	* \$51,107,388	\$171,501	\$51,278,889

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments	
SETON MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1154428688		20	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED STATISTICS										
3	9	B-1			10.00	6, 7	Dietary (Square Feet)	17,789	(7,578)	10,211
	9	B-1			11.00	6, 7	Cafeteria	740	7,578	8,318
							To adjust Cafeteria square footage statistics in conjunction with cost reclassifications. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306			
4	9	B-1			30.00	10	Adults and Pediatrics (Meals Served)	129,722	20,702	150,424
	9	B-1			31.00	10	Intensive Care Unit	6,883	1,098	7,981
	9	B-1			32.00	10	Coronary Care Unit	7,785	1,243	9,028
	9	B-1			44.00	10	Skilled Nursing Facility	134,869	21,525	156,394
	9	B-1			46.00	10	Adult Subacute Care	55,360	(44,568)	10,792
							To adjust Dietary meals served statistics for propriety and to exclude Dietary meals assigned to tube fed Subacute patients which was direct costed. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2102.3, 2105.2, 2300, 2304, 2306, and 2307 CCR, Title 22, Section 51511.5			

Provider Name			Fiscal Period				Provider NPI		Adjustments	
SETON MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1154428688		20	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>										
5	Subacute 1	Not Reported					Total Subacute Days - Ventilator	0	12,489	12,489
	Subacute 1	Not Reported					Total Subacute Days - Nonventilator	0	2,524	2,524
							To adjust total patient days to agree with the provider's census reports.			
							42 CFR 413.20, 413.24, and 413.50			
							CMS Pub. 15-1, Sections 2205.1, 2205.2, 2300, and 2304			
							OSHPD LTC Manual, Section 3210.1			

Provider Name			Fiscal Period				Provider NPI		Adjustments	
SETON MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1154428688		20	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
6	4A	Not Reported					Medi-Cal Administrative Days (August 1, 2010 to March 31, 2011)	\$0	\$351.26	\$351.26
	4A	Not Reported					Medi-Cal Administrative Days	0	17	17
7	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$1,112	\$1,112
	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Therapeutic	0	11,329	11,329
	6	Not Reported					Medi-Cal Ancillary Charges - Radioisotope	0	3,583	3,583
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	10,661	10,661
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	3,660	3,660
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	37,262	37,262
	6	Not Reported					Medi-Cal Ancillary Charges - CT/MRI	0	1,996	1,996
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	69,603	69,603
8	2	Not Reported					Medi-Cal Routine Charges	\$0	\$100,062	\$100,062
	2	Not Reported					Medi-Cal Ancillary Charges	0	69,603	69,603
9	3	Not Reported					Medi-Cal Coinsurance	\$0	\$326	\$326
	1	Not Reported					Interim Payments	0	18,870	18,870
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through December 8, 2012 Report Date: December 10, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>										

Provider Name							Fiscal Period	Provider NPI		Adjustments
SETON MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011	1154428688		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
10	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	2,244	(591)	1,653
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	587	150	737
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	181	(181)	0
	Contract 4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	0	235	235
11	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$2,996,869	(\$954,603)	\$2,042,266
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	4,189,607	(1,385,325)	2,804,282
	Contract 6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	1,439,595	(162,232)	1,277,363
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,177,674	(816,091)	361,583
	Contract 6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	190,875	(41,364)	149,511
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	297,051	(216,465)	80,586
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	5,248,187	(2,467,289)	2,780,898
	Contract 6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	0	100,875	100,875
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	2,886,667	(2,158,029)	728,638
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	448,672	(273,977)	174,695
	Contract 6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	256,419	(165,342)	91,077
	Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	130,392	(84,385)	46,007
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,065,811	(771,360)	294,451
	Contract 6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	34,595	(15,935)	18,660
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	2,121,444	235,444	2,356,888
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	85,331	1,167,039	1,252,370
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,874	5,120,369	5,123,243
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	412,906	(281,476)	131,430
	Contract 6	D-3		XIX	76.01	2	Medi-Cal Ancillary Charges - Cardiac Catheterization Laboratory	4,257,126	(2,249,319)	2,007,807
	Contract 6	D-3		XIX	76.02	2	Medi-Cal Ancillary Charges - CT/MRI	981,990	(256,516)	725,474
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	947,849	(235,933)	711,916
	Contract 6	D-3		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	29,171,934	(5,911,914)	23,260,020

-Continued on next page-

Provider Name			Fiscal Period				Provider NPI		Adjustments	
SETON MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1154428688		20	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
-Continued from previous page-										
12	Contract 2	E-3	III	XIX	8.00	1	Medi-Cal Routine Charges	\$24,411,851	(\$8,399,162)	\$16,012,689
	Contract 2	E-3	III	XIX	9.00	1	Medi-Cal Ancillary Charges	29,171,934	(5,911,914)	23,260,020
13	Contract 3	E-3	III	XIX	32.00	1	Medi-Cal Deductible	\$0	\$3,263	\$3,263
	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Coinsurance	0	142,432	142,432
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through December 8, 2012 Report Date: December 10, 2012 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541										

Provider Name			Fiscal Period				Provider NPI		Adjustments	
SETON MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1154428688		20	
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report				Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DISTINCT PART NURSING FACILITY										
14	DPNF1	S-3	I	XIX	19.00	7	Medi-Cal Days - Distinct Part Nursing Facility To adjust Medi-Cal DP/NF patient days based on the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through December 8, 2012 Report Date: December 10, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	13,148	(10,892)	2,256
15	DPNF1	S-3	I		27.00	2	Total Licensed Capacity To identify general information on DPNF Schedule 1 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 72201	391	87	478

Provider Name			Fiscal Period				Provider NPI		Adjustments	
SETON MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1154428688		20	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - SUBACUTE										
16	Subacute 1	Not Reported					Medi-Cal Inpatient Days - Subacute Ventilator	0	4,160	4,160
	N/A	Not Reported					Medi-Cal Inpatient Days - Subacute Nonventilator	0	1,088	1,088
	Subacute 1	Not Reported					Medi-Cal Inpatient Days - Total Subacute Days	0	5,248	5,248
							To adjust Medi-Cal Subacute patient days based on the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through December 8, 2012 Report Date: December 10, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541			
17	Subacute 1	Not Reported					Subacute Costs - Ventilator	\$0	\$149,975	\$149,975
							To identify ventilator equipment expenses on Subacute Schedule 1. 42 CFR 413.24 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			
18	Subacute 1	S-3	I		27.00	2	Total Licensed Capacity	391	87	478
							To identify general information on Subacute Schedule 1 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 72201			

Provider Name			Fiscal Period				Provider NPI		Adjustments
SETON MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1154428688		20
Report References			Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
Cost Report									
Adj. No.	Audit Report	Work Sheet							
<u>ADJUSTMENTS TO OTHER MATTERS</u>									
19	Contract 1	Not Reported	Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1				\$0	\$3,122	\$3,122
20	Subacute 1	Not Reported	Medi-Cal Overpayments To recover Medi-Cal overpayments for Subacute services due to improper Medi-Cal billings. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 51458.1 and 51511.5 Welfare and Institutions Code, Section 14124.9 and 14132.25				\$0	\$42,489	\$42,489