

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**SAINT FRANCIS MEDICAL CENTER
LYNWOOD, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1487697215**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Maria Delgado
Audit Supervisor: Ginn Sampson
Auditor: Sunita Parmar**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 20, 2013

Todd Schroeder
Director of Reimbursement
Saint Francis Medical Center
3630 East Imperial Highway
Lynwood, CA 90262

In the Matter of:

SAINT FRANCIS MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI): 1487697215
FISCAL PERIOD ENDED: JUNE 30, 2011
CASE NUMBER: HA13-0611-706K-RD

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated June 21, 2013, the following revisions are made to the Medi-Cal audit report dated April 3, 2013.

SUMMARY OF REVISIONS

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>		
Audited Amount Due Provider (State)	\$	(48,516)
Revision		<u>504</u>
Revised Amount Due Provider (State)	\$	<u>(48,012)</u>
 <u>MEDI-CAL CONTRACT COST (CONTRACT SCH. 1)</u>		
Audited Cost	\$	83,666,008
Revision		<u>1,045,309</u>
Revised Cost	\$	<u>84,711,317</u>
 <u>DISTINCT PART NURSING FACILITY (DPNF SCH. 1)</u>		
Audited Cost Per Day	\$	648.11
Revision		<u>7.98</u>
Revised Cost Per Day	\$	<u>656.09</u>

Todd Schroeder
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Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

cc: Rose Disney
Hearing Auditor
Administrative Hearings and Appeals
Department of Health Care Services
1029 J Street, Suite 200
Sacramento, CA 95814

Evie Correa, Chief
Audit Review and Analysis Section
Department of Health Care Services
P. O. Box 997413, MS 2109
Sacramento, CA 95899-7413

SUMMARY OF FINDINGS

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1487697215 Audited	\$ (48,516)	
Net Change	\$ 504	
Revised Amount Due Provider (State)	\$ (48,012)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI: Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI: Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1487697215 Audited		\$ 83,666,008
Net Change		\$ 1,045,309
Revised Cost		\$ 84,711,317
Revised Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1245527180 Audited		\$ 648.11
Net Change		\$ 7.98
Revised Cost Per Day		\$ 656.09
Revised Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI: Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI: Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (48,012)	
9. Total Medi-Cal Cost		\$ 84,711,317

SUMMARY OF FINDINGS

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (48,012)	

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

	AUDITED	REVISED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 124,030	\$ 124,534
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Rev)	\$ 402,020	\$ 402,020
3. Inpatient Ancillary Service Charges (Rev)	\$ 290,071	\$ 290,071
4. Total Charges - Medi-Cal Inpatient Services	\$ 692,091	\$ 692,091
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 568,061	\$ 567,557
6. 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:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

	AUDITED	REVISED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 40,071	\$ 40,575
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 83,959	\$ 83,959
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)	\$ 124,030	\$ 124,534
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 124,030	\$ 124,534 (To Schedule 2)
9. Coinsurance (Rev)	\$ 0	\$ 0
10. Patient and Third Party Liability (Rev)	\$ (218)	\$ (218)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 123,812	\$ 124,316 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1487697215

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	74,897	74,897
2. Inpatient Days (include private, exclude swing-bed)	74,897	74,897
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	74,897	74,897
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 30, Col 26)	\$ 82,619,297	\$ 83,634,287
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)	\$ 82,619,297	\$ 83,634,287

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 124,040,318	\$ 124,040,318
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.666068	\$ 0.674251
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)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 82,619,297	\$ 83,634,287

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,103.11	\$ 1,116.66
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 83,959	\$ 83,959
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 83,959	\$ 83,959

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1487697215

SPECIAL CARE AND/OR NURSERY UNITS	AUDITED	REVISED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 3,946,979	\$ 3,995,482
2. Total Inpatient Days (Rev)	13,036	13,036
3. Average Per Diem Cost	\$ 302.78	\$ 306.50
4. Medi-Cal Inpatient Days (Rev)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 24,262,114	\$ 24,559,704
7. Total Inpatient Days (Rev)	10,437	10,437
8. Average Per Diem Cost	\$ 2,324.63	\$ 2,353.14
9. Medi-Cal Inpatient Days (Rev)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NICU		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 15,547,220	\$ 15,737,411
27. Total Inpatient Days (Rev)	9,828	9,828
28. Average Per Diem Cost	\$ 1,581.93	\$ 1,601.28
29. Medi-Cal Inpatient Days (Rev)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS - JULY 1, 2010 THROUGH JULY 31, 2010		
29. Per Diem Rate (Rev)	\$ 381.37	\$ 381.37
32. Medi-Cal Inpatient Days (Rev)	14	14
33. Cost Applicable to Medi-Cal	\$ 5,339	\$ 5,339
ADMINISTRATIVE DAYS - AUGUST 1, 2010 THROUGH JUNE 30, 2011		
21. Per Diem Rate (Rev)	\$ 409.48	\$ 409.48
32. Medi-Cal Inpatient Days (Rev)	192	192
33. Cost Applicable to Medi-Cal	\$ 78,620	\$ 78,620
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 83,959	\$ 83,959

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

SPECIAL CARE UNITS	AUDITED	REVISED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	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:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
50.00	Operating Room	\$ 15,549,662	\$ 48,563,387	0.320193	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	22,980,568	45,688,600	0.502983	0	0
53.00	Anesthesiology	335,745	4,767,075	0.070430	0	0
54.00	Radiology-Diagnostic	5,362,596	31,384,007	0.170870	1,520	260
55.00	Radiology-Therapeutic	2,190,876	19,891,888	0.110139	0	0
56.00	Radioisotope	1,436,134	7,116,419	0.201806	0	0
56.01	Ultra Sound	1,384,750	19,962,121	0.069369	9,330	647
57.00	CT Scan	5,264,790	74,891,656	0.070299	0	0
58.00	Magnetic Resonance Imaging (MRI)	770,718	10,071,136	0.076527	0	0
59.00	Cardiac Catherterization	2,909,802	11,955,962	0.243377	0	0
60.00	Laboratory	15,208,023	160,042,593	0.095025	92,909	8,829
61.00	PBP Clinical Laboratory Services-Program Onl	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	4,125,447	2,954,834	1.396169	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	6,439,728	52,190,059	0.123390	0	0
66.00	Physical Therapy	2,851,236	7,093,523	0.401949	4,409	1,772
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	2,352,731	27,557,762	0.085375	0	0
70.00	Electroencephalography	160,715	966,351	0.166311	0	0
71.00	Medical Supplies Charged to Patients	7,181,114	64,886,994	0.110671	0	0
72.00	Implantable Devices Charged to Patients	9,790,625	20,511,563	0.477322	0	0
73.00	Drugs Charged to Patients	17,482,430	109,406,536	0.159793	181,903	29,067
74.00	Renal Dialysis	0	0	0.000000	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Laboratory - Pathological	660,077	5,610,886	0.117642	0	0
76.01	Pulmonary Function Testing	482,063	668,090	0.721555	0	0
76.02	Respiratory Neonatal	1,347,015	10,699,435	0.125896	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	Satellite, Perinatal & Gestational Clinics	7,803,628	25,463,599	0.306462	0	0
90.04	Childrens Center	3,344,183	2,299,007	1.454621	0	0
90.05	Renal Dialysis Clinic	3,678,427	18,311,500	0.200881	0	0
90.06	High Risk Infant Clinic	543,083	964,195	0.563250	0	0
90.07	Pain Clinic	105,196	160,753	0.654393	0	0
90.08	Wound Clinic	1,293,702	5,438,781	0.237866	0	0
91.00	Emergency	24,341,605	185,138,105	0.131478	0	0
91.01	Psych Day Care	1,707,858	2,802,526	0.609399	0	0
	TOTAL	\$ 169,084,527	\$ 977,459,343		\$ 290,071	\$ 40,575

(To Schedule 3)

* From Schedule 8, Column 26

REVISIONS TO MEDI-CAL CHARGES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

ANCILLARY CHARGES		AUDITED	REVISIONS (Rev)	REVISED
50.00	Operating Room	\$ 0	\$	\$ 0
51.00	Recovery Room	0		0
52.00	Delivery Room and Labor Room	0		0
53.00	Anesthesiology	0		0
54.00	Radiology-Diagnostic	1,520		1,520
55.00	Radiology-Therapeutic	0		0
56.00	Radioisotope	0		0
56.01	Ultra Sound	9,330		9,330
57.00	CT Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	0		0
59.00	Cardiac Catherterization	0		0
60.00	Laboratory	92,909		92,909
61.00	PBP Clinical Laboratory Services-Program Only	0		0
62.00	Whole Blood & Packed Red Blood Cells	0		0
63.00	Blood Storing, Processing, & Trans.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	0		0
66.00	Physical Therapy	4,409		4,409
67.00	Occupational Therapy	0		0
68.00	Speech Pathology	0		0
69.00	Electrocardiology	0		0
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	0		0
72.00	Implantable Devices Charged to Patients	0		0
73.00	Drugs Charged to Patients	181,903		181,903
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Laboratory - Pathological	0		0
76.01	Pulmonary Function Testing	0		0
76.02	Respiratory Neonatal	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	Satellite, Perinatal & Gestational Clinics	0		0
90.04	Childrens Center	0		0
90.05	Renal Dialysis Clinic	0		0
90.06	High Risk Infant Clinic	0		0
90.07	Pain Clinic	0		0
90.08	Wound Clinic	0		0
91.00	Emergency	0		0
91.01	Psych Day Care	0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 290,071	\$ 0	\$ 290,071

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

		AUDITED	REVISED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 83,666,008	\$ 84,711,317
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)	\$ 83,666,008	\$ 84,711,317
6.	\$ \$	0	0
7.	\$ \$	0	0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 83,666,008	\$ 84,711,317
		(To Summary of Findings)	
9.	Medi-Cal Overpayments (Rev)	\$ 0	\$ 0
10.	Medi-Cal Credit Balances (Rev)	\$ 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:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

	AUDITED	REVISED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>84,590,403</u>	\$ <u>85,635,712</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Rev)	\$ <u>99,661,942</u>	\$ <u>99,661,942</u>
3. Inpatient Ancillary Service Charges (Rev)	\$ <u>220,887,672</u>	\$ <u>220,887,672</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>320,549,614</u>	\$ <u>320,549,614</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>235,959,211</u>	\$ <u>234,913,902</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 INPATIENT ROUTINE SERVICE COST**

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

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

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	74,897	74,897
2. Inpatient Days (include private, exclude swing-bed)	74,897	74,897
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	74,897	74,897
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	23,214	23,214

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 30, Col 26)	\$ 82,619,297	\$ 83,634,287
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)	\$ 82,619,297	\$ 83,634,287

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Rev)	\$ 124,040,318	\$ 124,040,318
29. Private Room Charges (excluding swing-bed charges)(Rev)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Rev)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.666068	\$ 0.674251
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)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 82,619,297	\$ 83,634,287

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,103.11	\$ 1,116.66
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 25,607,596	\$ 25,922,145
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 23,407,655	\$ 23,694,389
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 49,015,251	\$ 49,616,534

(To Contract Sch 3)

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

SPECIAL CARE AND/OR NURSERY UNITS

	AUDITED	REVISED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 3,946,979	\$ 3,995,482
2. Total Inpatient Days (Rev)	13,036	13,036
3. Average Per Diem Cost	\$ 302.78	\$ 306.50
4. Medi-Cal Inpatient Days (Rev)	7,260	7,260
5. Cost Applicable to Medi-Cal	\$ 2,198,183	\$ 2,225,190
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 24,262,114	\$ 24,559,704
7. Total Inpatient Days (Rev)	10,437	10,437
8. Average Per Diem Cost	\$ 2,324.63	\$ 2,353.14
9. Medi-Cal Inpatient Days (Rev)	3,922	3,922
10. Cost Applicable to Medi-Cal	\$ 9,117,199	\$ 9,229,015
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NICU		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 15,547,220	\$ 15,737,411
27. Total Inpatient Days (Rev)	9,828	9,828
28. Average Per Diem Cost	\$ 1,581.93	\$ 1,601.28
29. Medi-Cal Inpatient Days (Rev)	7,644	7,644
30. Cost Applicable to Medi-Cal	\$ 12,092,273	\$ 12,240,184
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 23,407,655	\$ 23,694,389

(To Contract Sch 4)

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

SPECIAL CARE UNITS

	AUDITED	REVISED
1. Total Inpatient Routine Cost (Sch 8, Line __, Col 26)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	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:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 15,549,662	\$ 48,563,387	0.320193	\$ 13,335,153	\$ 4,269,824
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room and Labor Room	22,980,568	45,688,600	0.502983	8,919,301	4,486,253
53.00	Anesthesiology	335,745	4,767,075	0.070430	870,260	61,292
54.00	Radiology-Diagnostic	5,362,596	31,384,007	0.170870	4,858,962	830,252
55.00	Radiology-Therapeutic	2,190,876	19,891,888	0.110139	152,499	16,796
56.00	Radioisotope	1,436,134	7,116,419	0.201806	976,050	196,972
56.01	Ultra Sound	1,384,750	19,962,121	0.069369	3,743,371	259,674
57.00	CT Scan	5,264,790	74,891,656	0.070299	9,355,283	657,665
58.00	Magnetic Resonance Imaging (MRI)	770,718	10,071,136	0.076527	1,299,146	99,420
59.00	Cardiac Catherterization	2,909,802	11,955,962	0.243377	7,450,767	1,813,343
60.00	Laboratory	15,208,023	160,042,593	0.095025	50,479,546	4,796,811
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	4,125,447	2,954,834	1.396169	1,078,210	1,505,363
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	6,439,728	52,190,059	0.123390	30,715,293	3,789,958
66.00	Physical Therapy	2,851,236	7,093,523	0.401949	1,586,922	637,862
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	2,352,731	27,557,762	0.085375	2,038,669	174,050
70.00	Electroencephalography	160,715	966,351	0.166311	200,917	33,415
71.00	Medical Supplies Charged to Patients	7,181,114	64,886,994	0.110671	19,093,476	2,113,096
72.00	Implantable Devices Charged to Patients	9,790,625	20,511,563	0.477322	0	0
73.00	Drugs Charged to Patients	17,482,430	109,406,536	0.159793	41,015,970	6,554,077
74.00	Renal Dialysis	0	0	0.000000	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Laboratory - Pathological	660,077	5,610,886	0.117642	52,377	6,162
76.01	Pulmonary Function Testing	482,063	668,090	0.721555	17,379	12,540
76.02	Respiratory Neonatal	1,347,015	10,699,435	0.125896	1,274,030	160,395
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	Satellite, Perinatal & Gestational Clinics [1]	1,911,684	15,497,316	0.123356	0	0
90.04	Childrens Center	3,344,183	2,299,007	1.454621	0	0
90.05	Renal Dialysis Clinic	3,678,427	18,311,500	0.200881	8,677,709	1,743,184
90.06	High Risk Infant Clinic	543,083	964,195	0.563250	0	0
90.07	Pain Clinic	105,196	160,753	0.654393	0	0
90.08	Wound Clinic	1,293,702	5,438,781	0.237866	0	0
91.00	Emergency	24,341,605	185,138,105	0.131478	13,696,383	1,800,774
91.01	Psych Day Care	1,707,858	2,802,526	0.609399	0	0
	TOTAL	\$ 163,192,583	\$ 967,493,060		\$ 220,887,672	\$ 36,019,178

(To Contract Sch 3)

* From Schedule 8, Column 26

- [1] For purposes of properly presenting reported Medi-Cal ancillary costs, the total ancillary cost and charges are only included for the Perinatal clinic. This corrects any distortion in Medi-Cal cost caused by the absence of reported Medi-Cal charges for the Satellite and Gestational clinics.

REVISIONS TO MEDI-CAL CHARGES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1487697215

	AUDITED	REVISIONS	REVISED
ANCILLARY CHARGES			
50.00 Operating Room	\$ 13,335,153	\$	\$ 13,335,153
51.00 Recovery Room	0		0
52.00 Delivery Room and Labor Room	8,919,301		8,919,301
53.00 Anesthesiology	870,260		870,260
54.00 Radiology-Diagnostic	4,858,962		4,858,962
55.00 Radiology-Therapeutic	152,499		152,499
56.00 Radioisotope	976,050		976,050
56.01 Ultra Sound	3,743,371		3,743,371
57.00 CT Scan	9,355,283		9,355,283
58.00 Magnetic Resonance Imaging (MRI)	1,299,146		1,299,146
59.00 Cardiac Catherterization	7,450,767		7,450,767
60.00 Laboratory	50,479,546		50,479,546
61.00 PBP Clinical Laboratory Services-Program Only	0		0
62.00 Whole Blood & Packed Red Blood Cells	1,078,210		1,078,210
63.00 Blood Storing, Processing, & Trans.	0		0
64.00 Intravenous Therapy	0		0
65.00 Respiratory Therapy	30,715,293		30,715,293
66.00 Physical Therapy	1,586,922		1,586,922
67.00 Occupational Therapy	0		0
68.00 Speech Pathology	0		0
69.00 Electrocardiology	2,038,669		2,038,669
70.00 Electroencephalography	200,917		200,917
71.00 Medical Supplies Charged to Patients	19,093,476		19,093,476
72.00 Implantable Devices Charged to Patients	0		0
73.00 Drugs Charged to Patients	41,015,970		41,015,970
74.00 Renal Dialysis	0		0
75.00 ASC (Non-Distinct Part)	0		0
76.00 Laboratory - Pathological	52,377		52,377
76.01 Pulmonary Function Testing	17,379		17,379
76.02 Respiratory Neonatal	1,274,030		1,274,030
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 Satellite, Perinatal & Gestational Clinics	0		0
90.04 Childrens Center	0		0
90.05 Renal Dialysis Clinic	8,677,709		8,677,709
90.06 High Risk Infant Clinic	0		0
90.07 Pain Clinic	0		0
90.08 Wound Clinic	0		0
91.00 Emergency	13,696,383		13,696,383
91.01 Psych Day Care	0		0
TOTAL MEDI-CAL ANCILLARY CHARGES	\$ 220,887,672	\$ 0	\$ 220,887,672

(To Contract Sch 5)

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1245527180

	AUDITED	REVISED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 40,590	\$ 41,089	\$ 499
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 5,187,735	\$ 5,251,604	\$ 63,869
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 5,228,325	\$ 5,292,693	\$ 64,368
4. Total Distinct Part Patient Days (Rev)	8,067	8,067	
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 648.11	\$ 656.09	\$ 7.98
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Rev)	\$ 0	\$ 0	\$
7. Medi-Cal Credit Balances (Rev)	\$ 0	\$ 0	\$
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	30	30	
10. Total Licensed Capacity (All levels) (Rev)	384	384	
11. Total Medi-Cal DP Patient Days (Rev)	2,393	2,393	
CAPITAL RELATED COST			
12. Direct Capital Related Cost	0	\$ 0	0
13. Indirect Capital Related Cost (DPNF Sch 5)	344,923	\$ 344,923	0
14. Total Capital Related Cost (Lines 12 & 13)	344,923	\$ 344,923	0
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	1,780,504	\$ 1,780,504	0
16. Allocated Salary & Benefits (DPNF Sch 5)	1,846,075	\$ 1,846,075	0
17. Total Salary & Benefits Expenses (Lines 15 & 16)	3,626,579	\$ 3,626,579	0

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1245527180

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	AUDITED	REVISED *	DIFFERENCE
0.00	Distinct Part	\$ 2,066,974	\$ 2,066,974	\$ 0
1.00	Capital Related Costs-Buildings and Fixtures	110,846	110,846	0
2.00	Capital Related Costs-Movable Equipment	127,185	127,185	0
3.00	Other Capital Related Costs	0	0	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	594,056	592,062	(1,994)
5.01	Communications	5,579	5,577	(2)
5.02	Information Systems	101,507	101,504	(3)
5.03	Purchasing and Stores	5,995	5,991	(4)
5.04	Admitting	36,512	36,491	(22)
5.05	Patient Financial Services	55,542	55,529	(12)
5.06	Other Administrative and General	597,205	644,846	47,641
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	0	0	0
6.00	Maintenance and Repairs	189,358	191,759	2,401
7.00	Operation of Plant	51,899	52,545	645
8.00	Laundry and Linen Service	15,218	15,405	187
9.00	Housekeeping	45,560	46,141	581
10.00	Dietary	382,487	387,201	4,714
11.00	Cafeteria	78,679	79,664	985
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	125,793	127,334	1,540
14.00	Central Services and Supply	7,608	7,704	96
15.00	Pharmacy	16,675	16,881	206
16.00	Medical Records & Library	40,525	41,029	504
17.00	Social Service	0	0	0
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	532,533	538,938	6,405
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 5,187,735	\$ 5,251,604	\$ 63,869

(To DPNF Sch 1)

* From Schedule 8, line 44 plus line 45.

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1245527180

COL.	COST CENTER	REVISED CAP RELATED * (COL 1)	REVISED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 110,846	\$ N/A
2.00	Capital Related Costs-Movable Equipment	127,185	N/A
3.00	Other Capital Related Costs	0	N/A
3.01		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	1,535	590,527
5.01	Communications	177	2,470
5.02	Information Systems	1,294	3,092
5.03	Purchasing and Stores	425	4,260
5.04	Admitting	619	25,695
5.05	Patient Financial Services	878	14,784
5.06	Other Administrative and General	9,267	153,870
5.07		0	0
5.08		0	0
5.00	Administrative and General	0	0
6.00	Maintenance and Repairs	6,368	52,063
7.00	Operation of Plant	8,868	29,294
8.00	Laundry and Linen Service	2,529	10,983
9.00	Housekeeping	1,969	8,895
10.00	Dietary	28,286	205,225
11.00	Cafeteria	7,292	51,965
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	4,305	99,292
14.00	Central Services and Supply	465	2,828
15.00	Pharmacy	424	11,218
16.00	Medical Records & Library	2,521	22,691
17.00	Social Service	0	0
18.00	Other General Service (specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	29,670	556,924
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0
22.00	Intern & Res. 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	\$ 344,923	\$ 1,846,075

* These amounts include both Skilled Nursing Facility expenses, line 44 and Nursing Facility expenses, line 45.

(To DPNF SCH 1)

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS-TRATIVE & 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, & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>46,915,638</u>	<u>1,227,937</u>	<u>8,826,815</u>	<u>1,105,829</u>	<u>4,174,703</u>	<u>8,967,555</u>	<u>52,773,236</u>	<u>0</u>	<u>0</u>	<u>306,649,554</u>	<u>0</u>

Provider Name:
SAINT FRANCIS 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, & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>9,625,379</u>	<u>2,546,501</u>	<u>284,258</u>	<u>2,212,082</u>	<u>5,107,837</u>	<u>4,052,639</u>	<u>0</u>	<u>4,322,601</u>	<u>3,223,388</u>	<u>8,786,539</u>	<u>6,625,841</u>	<u>933,545</u>

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC COST	ALLOC COST	SUBTOTAL	POST	TOTAL COST
	SVC (SPECIFIC)	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM COSTS	EDUCATION PROGRAM				STEP-DOWN ADJUSTMENT	
	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02	24.00	25.00	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, & Canteen	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>0</u>	<u>4,751,454</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>306,649,554</u>	<u>0</u>	<u>306,649,554</u>

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) 4.00 (Rev) (Rev)	COMM (NO. OF PHONES) 5.01 (Rev) (Rev)	INFORMATION SYSTEMS (DP HOURS) 5.02 (Rev) (Rev)	PURCHASING AND STORE (COST REQ) 5.03 (Rev) (Rev)	ADMITTING (INPATIENT REVENUES) 5.04 (Rev) (Rev)	PATIENT FIN SERVICES (GROSS REV) 5.05 (Rev) (Rev)	OTHER ADMIN AND GENERAL (ACCUM COST) 5.06 (Rev) (Rev)	STAT 5.07 (Rev) (Rev)	STAT 5.08 (Rev) (Rev)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00 (Rev) (Rev)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Communications	408,382										
5.02	Information Systems	188,608	43									
5.03	Purchasing and Stores	590,418										
5.04	Admitting	2,169,613	35	1,650	101,096							
5.05	Patient Financial Services	1,697,422	59	5,720	26,124							
5.06	Other Administrative and General	9,372,233	179	785	355,944							
5.07												
5.08												
5.00	Administrative and General											
6.00	Maintenance and Repairs	1,604,066	194		30,981		7,968,885			9,625,379		
7.00	Operation of Plant	926,644	10		7,512		1,833,368			2,214,470	12,382	
8.00	Laundry and Linen Service	133,589			2,333		198,654			239,948	1,297	
9.00	Housekeeping	213,497			396,248		1,762,519			2,128,894	2,435	
10.00	Dietary	1,719,363	14	88	1,333,604		3,851,886			4,703,845	9,774	
11.00	Cafeteria	1,775,554					3,058,218			3,642,662	10,094	
12.00	Maintenance of Personnel									0		
13.00	Nursing Administration	2,329,438	16	88	37,355		3,403,200			4,110,622	3,540	
14.00	Central Services and Supply	688,875	20	175	540,735		2,460,368			2,971,805	4,938	
15.00	Pharmacy	3,991,822	20	1,296	96,287		7,013,567			8,471,474	4,900	
16.00	Medical Records & Library	2,368,808	59	770	103,457		5,029,349			6,074,798	10,367	
17.00	Social Service	528,362	6		1,916		750,320			906,288	145	
18.00	Other General Service (specify)									0		
19.00	Nonphysician Anesthetists									0		
20.00	Nursing School	3,338,205	53		379,175		3,667,380			4,429,717		
21.00	Intern & Res. Service-Salary & Fringes (Approved)									0		
22.00	Intern & Res. Other Program Costs (Approved)									0		
23.00	Paramedical Ed. Program (specify)									0		
23.01										0		
23.02										0		
INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	35,427,103	125	1,752	662,212	128,441,410	128,441,410	56,190,930		67,871,503	105,516	
31.00	Intensive Care Unit	12,004,546	25	175	301,242	53,520,972	53,520,972	18,339,351		22,151,541	23,564	
32.00	Coronary Care Unit									0		
33.00	Burn Intensive Care Unit									0		
34.00	Surgical Intensive Care Unit									0		
35.00	NICU	8,235,746	0	175	126,692	42,954,365	42,954,365	12,140,668		14,664,340	5,959	
40.00	Subprovider - IPF									0		
41.00	Subprovider - IRF									0		
42.00	Subprovider (specify)									0		
43.00	Nursery	1,873,456	25	175	36,622	2,315,720	2,315,720	2,941,500		3,552,949	5,829	
44.00	Skilled Nursing Facility	1,780,504	6	175	62,485	7,491,720	7,491,720	3,102,160		3,747,005	7,151	
45.00	Nursing Facility									0		
46.00	Other Long Term Care									0		
47.00										0		

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES)	COMM (NO. OF PHONES)	INFORMATION SYSTEMS (DP HOURS)	PURCHASING AND STORE (COST REQ)	ADMITTING (INPATIENT REVENUES)	PATIENT FIN SERVICES (GROSS REV)	OTHER ADMIN AND GENERAL (ACCUM COST)	STAT 5.07	STAT 5.08	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00 (Rev) (Rev)
105.00 Kidney Acquisition											0	
106.00 Heart Acquisition											0	
107.00 Liver Acquisition											0	
108.00 Lung Acquisition											0	
109.00 Pancreas Acquisition											0	
110.00 Intestinal Acquisition											0	
111.00 Islet Acquisition											0	
112.00 Other Organ Acquisition (specify)											0	
113.00 Interest Expense											0	
114.00 Utilization Review-SNF											0	
115.00 Ambulatory Surgical Center (Distinct Part)											0	
116.00 Hospice											0	
117.00 Other Special Purpose (specify)											0	
190.00 Gift, Flower, Coffee Shop, & Canteen											0	
191.00 Research											0	
192.00 Physicians' Private Offices											0	
193.00 Nonpaid Workers											0	
193.01											0	
193.02											0	
193.03											0	
193.04											0	
TOTAL	141,089,088	1,321	15,218	11,532,667	857,091,000	1,209,856,096	253,876,318	0	0		306,649,554	358,946
COST TO BE ALLOCATED	46,915,638	1,227,937	8,826,815	1,105,829	4,174,704	8,967,555	52,773,236	0	0		0	9,625,379
UNIT COST MULTIPLIER - SCH 8	0.332525	929.551386	580.024673	0.095887	0.004871	0.007412	0.207870	0.000000	0.000000		0.000000	26.815674

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	OPER OF PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE- KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	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
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
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, & Canteen												
191.00 Research												
192.00 Physicians' Private Offices												
193.00 Nonpaid Workers												
193.01												
193.02												
193.03												
193.04												
TOTAL	346,564	1,743,495	342,832	322,880	146,612	0	2,035,329	12,977,076	8,186,380	1,209,856,096	100	0
COST TO BE ALLOCATED	2,546,501	284,258	2,212,082	5,107,837	4,052,639	0	4,322,601	3,223,388	8,786,539	6,625,841	933,545	0
UNIT COST MULTIPLIER - SCH 8	7.347853	0.163039	6.452379	15.819613	27.641932	0.000000	2.123785	0.248391	1.073312	0.005477	9335.445196	0.000000

Provider Name:
SAINT FRANCIS 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
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01	Communications						
5.02	Information Systems						
5.03	Purchasing and Stores						
5.04	Admitting						
5.05	Patient Financial Services						
5.06	Other Administrative and General						
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 & Library						
17.00	Social Service						
18.00	Other General Service (specify)						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Service-Salary & Fringes (Approved)						
22.00	Intern & Res. Other Program Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.01							
23.02							
INPATIENT ROUTINE COST CENTERS							
30.00	Adults & Pediatrics (Gen Routine)	28,688					
31.00	Intensive Care Unit	650					
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	NICU	398					
40.00	Subprovider - IPF						
41.00	Subprovider - IRF						
42.00	Subprovider (specify)						
43.00	Nursery	448					
44.00	Skilled Nursing Facility	4,421					
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:

Fiscal Period Ended:

SAINT FRANCIS MEDICAL CENTER

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
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
ANCILLARY COST CENTERS							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Delivery Room and Labor Room	1,038					
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
56.01	Ultra Sound						
57.00	CT Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catherterization						
60.00	Laboratory						
61.00	PBP Clinical Laboratory Services-Program Or						
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, & 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	Laboratory - Pathological						
76.01	Pulmonary Function Testing						
76.02	Respiratory Neonatal						
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	Satellite, Perinatal & Gestational Clinics	1,454					
90.04	Childrens Center						
90.05	Renal Dialysis Clinic						
90.06	High Risk Infant Clinic						
90.07	Pain Clinic	468					
90.08	Wound Clinic						
91.00	Emergency	1,412					
91.01	Psych Day Care						
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower , Coffee Shop and Canteen						
194.00	Community Relations						
194.01	Foundation						
194.02	Fund Raising						
194.03	Community Service						
194.04	Paramedic						
194.05	Diabetes Clinic						
101.00	Home Health Agency						

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:

Fiscal Period Ended:

SAINT FRANCIS MEDICAL CENTER

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
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
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, & Canteen						
191.00	Research						
192.00	Physicians' Private Offices						
193.00	Nonpaid Workers						
193.01							
193.02							
193.03							
193.04							
TOTAL	0	38,977	0	0	0	0	0
COST TO BE ALLOCATED	0	4,751,454	0	0	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	121.904043	0.000000	0.000000	0.000000	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 6,063,485	\$ 0	\$ 6,063,485
2.00	Capital Related Costs-Movable Equipment	8,109,306	0	8,109,306
3.00	Other Capital Related Costs	0	0	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	46,951,959	(157,972)	46,793,987
5.01	Communications	1,053,528	0	1,053,528
5.02	Information Systems	8,613,018	0	8,613,018
5.03	Purchasing and Stores	831,544	0	831,544
5.04	Admitting	2,398,962	0	2,398,962
5.05	Patient Financial Services	4,931,988	0	4,931,988
5.06	Other Administrative and General	44,354,622	3,909,441	48,264,063
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	0	0	0
6.00	Maintenance and Repairs	6,963,666	0	6,963,666
7.00	Operation of Plant	1,103,068	0	1,103,068
8.00	Laundry and Linen Service	110,836	0	110,836
9.00	Housekeeping	1,572,479	0	1,572,479
10.00	Dietary	2,814,151	0	2,814,151
11.00	Cafeteria	2,080,542	0	2,080,542
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	2,441,273	0	2,441,273
14.00	Central Services and Supply	1,894,988	0	1,894,988
15.00	Pharmacy	4,743,546	0	4,743,546
16.00	Medical Records & Library	3,385,198	0	3,385,198
17.00	Social Service	564,038	0	564,038
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	2,246,144	0	2,246,144
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	38,124,940	0	38,124,940
31.00	Intensive Care Unit	12,752,153	0	12,752,153
32.00	Coronary Care Unit	0	0	0
33.00	Burn Intensive Care Unit	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0
35.00	NICU	8,562,462	0	8,562,462
40.00	Subprovider - IPF	0	0	0
41.00	Subprovider - IRF	0	0	0
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	1,967,804	0	1,967,804
44.00	Skilled Nursing Facility	2,066,974	0	2,066,974
45.00	Nursing Facility	0	0	0
46.00	Other Long Term Care	0	0	0
47.00		0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 7,794,137	\$ 0	\$ 7,794,137
51.00	Recovery Room	0	0	0
52.00	Delivery Room and Labor Room	11,823,304	0	11,823,304
53.00	Anesthesiology	151,306	0	151,306
54.00	Radiology-Diagnostic	2,737,030	0	2,737,030
55.00	Radiology-Therapeutic	888,461	0	888,461
56.00	Radioisotope	620,793	0	620,793
56.01	Ultra Sound	573,359	0	573,359
57.00	CT Scan	2,531,699	0	2,531,699
58.00	Magnetic Resonance Imaging (MRI)	222,227	0	222,227
59.00	Cardiac Catherterization	1,586,171	0	1,586,171
60.00	Laboratory	7,478,257	0	7,478,257
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	3,052,096	0	3,052,096
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	3,181,759	0	3,181,759
66.00	Physical Therapy	1,128,089	0	1,128,089
67.00	Occupational Therapy	0	0	0
68.00	Speech Pathology	0	0	0
69.00	Electrocardiology	980,159	0	980,159
70.00	Electroencephalography	69,354	0	69,354
71.00	Medical Supplies Charged to Patients	4,070,968	0	4,070,968
72.00	Implantable Devices Charged to Patients	6,455,247	0	6,455,247
73.00	Drugs Charged to Patients	6,714,456	0	6,714,456
74.00	Renal Dialysis	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Laboratory - Pathological	237,730	0	237,730
76.01	Pulmonary Function Testing	225,425	0	225,425
76.02	Respiratory Neonatal	690,297	0	690,297
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
90.01	Satelite, Perinatal & Gestational Clinics	3,620,221	0	3,620,221
90.04	Childrens Center	1,797,993	0	1,797,993
90.05	Renal Dialysis Clinic	1,779,977	0	1,779,977
90.06	High Risk Infant Clinic	246,403	0	246,403
90.07	Pain Clinic	6,499	0	6,499
90.08	Wound Clinic	780,535	0	780,535
91.00	Emergency	11,881,172	0	11,881,172
91.01	Psych Day Care	318,347	0	318,347
	SUBTOTAL	\$ 300,346,145	\$ 3,751,469	\$ 304,097,614
	NONREIMBURSABLE COST CENTERS			
190.00	Gift, Flower , Coffee Shop and Canteen	440,721	0	440,721
194.00	Community Relations	872,393	0	872,393
194.01	Foundation	29,823	0	29,823
194.02	Fund Raising	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
194.03	Community Service	756,460	0	756,460
194.04	Paramedic	174,534	0	174,534
194.05	Diabetes Clinic	278,009	0	278,009
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, & Canteen		0	0
191.00	Research		0	0
192.00	Physicians' Private Offices		0	0
193.00	Nonpaid Workers		0	0
193.01			0	0
193.02			0	0
193.03			0	0
193.04			0	0
	SUBTOTAL	\$ 2,551,940	\$ 0	\$ 2,551,940
200	TOTAL	\$ 302,898,085	\$ 3,751,469	\$ 306,649,554

(To Schedule 8)

