

**REPORT
ON THE
COST REPORT REVIEW**

**ST. FRANCIS MEDICAL CENTER
LYNWOOD, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS: 1487697215 AND
1245227180**

**FISCAL PERIOD ENDED
JUNE 30, 2012**

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

**Section Chief: Maria Delgado
Audit Supervisor: Cyrus Lam
Auditor: Sunita Parmar**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 28, 2014

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

ST. FRANCIS MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIERS (NPI): 1487697215 AND 1245227180
FISCAL PERIOD ENDED: JUNE 30, 2012

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 \$34,948 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

The audited settlement will be incorporated into a Statement 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

Todd Schroeder
Page 2

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 Fee-For-Service Rates Development 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:

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
Page 3

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

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1487697215		
Reported	\$ 0	
Net Change	\$ (34,948)	
Audited Amount Due Provider (State)	\$ (34,948)	
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: 1487697215		
Reported		\$ 72,636,537
Net Change		\$ (3,756,875)
Audited Cost		\$ 68,879,662
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1245227180		
Reported		\$ 674.85
Net Change		\$ 3.24
Audited Cost Per Day		\$ 678.09
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:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (34,948)	
9. Total Medi-Cal Cost		\$ 68,879,662

SUMMARY OF FINDINGS

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

		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)		\$ (34,948)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 0	\$ 65,222
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	\$ 65,222
6. Interim Payments (Adj 5)	\$ 0	\$ (100,170)
7. Balance Due Provider (State)	\$ 0	\$ (34,948)
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (34,948)
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
ST. FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1487697215

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 0	\$ 65,871
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 4)	\$	\$ 249,947
3. Inpatient Ancillary Service Charges (Adj 4)	\$	\$ 152,441
4. Total Charges - Medi-Cal Inpatient Services	\$ 0	\$ 402,388
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 0	\$ 336,517
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 SERVICESProvider Name:
ST. FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1487697215

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 18,406
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 47,465
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	\$ 65,871
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 0	\$ 65,871
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj)	\$ 0	\$ 0
10. Medi-Cal Coinsurance (Adj 5)	\$ 0	\$ (649)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 65,222
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1487697215

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 1)	77,046	78,635
2. Inpatient Days (include private, exclude swing-bed)	77,046	78,635
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	70,034	70,034
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 27)	\$ 90,635,685	\$ 90,635,296
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)	\$ 90,635,685	\$ 90,635,296

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 136,634,000	\$ 136,634,000
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 136,634,000	\$ 136,634,000
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.663346	\$ 0.663344
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 1,950.97	\$ 1,950.97
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)	\$ 90,635,685	\$ 90,635,296

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,176.38	\$ 1,152.61
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 47,465
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 47,465

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1487697215

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 3,747,644	\$ 3,747,644
2. Total Inpatient Days (Adj)	11,635	11,635
3. Average Per Diem Cost	\$ 322.10	\$ 322.10
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 27)	\$ 25,839,598	\$ 25,839,615
7. Total Inpatient Days (Adj 1)	10,629	10,269
8. Average Per Diem Cost	\$ 2,431.05	\$ 2,516.27
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 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NICU		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 14,657,745	\$ 14,657,759
27. Total Inpatient Days (Adj)	8,249	8,249
28. Average Per Diem Cost	\$ 1,776.91	\$ 1,776.91
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS (July 1, 2011 through July 31, 2011)		
31. Per Diem Rate (Adj 2)	\$ 0.00	\$ 409.48
32. Medi-Cal Inpatient Days (Adj 2)	0	9
33. Cost Applicable to Medi-Cal	\$ 0	\$ 3,685
ADMINISTRATIVE DAYS (August 1, 2011 through June 30, 2012)		
34. Per Diem Rate (Adj 2)	\$ 0.00	\$ 416.95
35. Medi-Cal Inpatient Days (Adj 2)	0	105
36. Cost Applicable to Medi-Cal	\$ 0	\$ 43,780
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 47,465

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 15,666,823	\$ 68,970,295	0.227153	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	22,686,567	49,447,100	0.458805	0	0
53.00	Anesthesiology	554,319	5,831,517	0.095056	0	0
54.00	Radiology-Diagnostic	5,512,036	33,250,379	0.165774	2,208	366
55.00	Radiology-Therapeutic	2,427,617	23,054,000	0.105301	0	0
56.00	Radioisotope	1,636,189	6,188,982	0.264371	0	0
56.01	Ultra Sound	1,522,726	23,523,950	0.064731	13,472	872
57.00	Computed Tomography (CT) Scan	5,785,420	71,578,264	0.080826	0	0
58.00	Magnetic Resonance Imaging (MRI)	770,969	9,381,490	0.082180	0	0
59.00	Cardiac Catheterization	2,208,507	7,039,981	0.313709	0	0
60.00	Laboratory	15,298,195	170,817,646	0.089559	71,483	6,402
62.00	Whole Blood & Packed Red Blood Cells	3,346,266	2,693,794	1.242213	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	6,350,548	50,225,512	0.126441	0	0
66.00	Physical Therapy	3,104,211	8,165,165	0.380177	1,434	545
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	2,475,109	31,712,203	0.078049	0	0
70.00	Electroencephalography	178,858	1,085,815	0.164723	0	0
71.00	Medical Supplies Charged to Patients	7,623,493	69,197,058	0.110171	0	0
72.00	Implantable Devices Charged to Patients	9,313,419	24,554,793	0.379291	0	0
73.00	Drugs Charged to Patients	15,534,781	97,037,760	0.160090	63,844	10,221
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	722,382	6,155,265	0.117360	0	0
76.01	Pulmonary Function	397,980	896,972	0.443692	0	0
76.02	Respiratory Neonatal	1,342,985	6,948,952	0.193264	0	0
79.00		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	Satellite, Perinatal & Gestational Clinic [1]	8,001,455	21,009,141	0.380856	0	0
90.04	Children Center	3,672,846	2,718,093	1.351258	0	0
90.05	Renal Dialysis Clinic	4,280,330	19,410,176	0.220520	0	0
90.06	High Risk Infant Clinic	500,881	846,176	0.591935	0	0
90.08	Wound Clinic	1,146,694	4,445,402	0.257951	0	0
91.00	Emergency	25,528,986	188,359,654	0.135533	0	0
91.01	Psych Day Care	1,768,676	3,823,197	0.462617	0	0
92.00	Observation Beds (Non-Distinct Part)	0	1,118,560	0.000000	0	0
	TOTAL	\$ 169,359,270	\$ 1,009,487,292		\$ 152,441	\$ 18,406

* From Schedule 8, Column 26

[1] - For purpose of properly presentation 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 absense of reported Medi-Cal charges for the satellite and Gestatinal Clinics.

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
ST. FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1487697215

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 3)	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	2,208	2,208
55.00	Radiology-Therapeutic			0
56.00	Radioisotope			0
56.01	Ultra Sound	0	13,472	13,472
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	0	71,483	71,483
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy	0	1,434	1,434
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	63,844	63,844
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Laboratory - Pathological			0
76.01	Pulmonary Function			0
76.02	Respiratory Neonatal			0
79.00				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	Satelite, Perinatal & Gestational Clinic [1]			0
90.04	Children Center			0
90.05	Renal Dialysis Clinic			0
90.06	High Risk Infant Clinic			0
90.08	Wound Clinic			0
91.00	Emergency			0
91.01	Psych Day Care			0
92.00	Observation Beds (Non-Distinct Part)			0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 152,441	\$ 152,441

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 72,636,537	\$ 68,879,662
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)	\$ 72,636,537	\$ 68,879,662
6. Interim Payment	\$ 0	\$ 0
7.	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 72,636,537	\$ 68,879,662
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
10. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0
11. \$	\$ 0	\$ 0
12. \$	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0
	(To Summary of Findings)	

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

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>72,636,537</u>	\$ <u>69,636,390</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 8)	\$ <u>53,223,923</u>	\$ <u>84,426,865</u>
3. Inpatient Ancillary Service Charges (Adj 8)	\$ <u>113,757,044</u>	\$ <u>174,647,114</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>166,980,967</u>	\$ <u>259,073,979</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>94,344,430</u>	\$ <u>189,437,589</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ 22,430,357	\$ 28,817,094
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 50,206,180	\$ 40,819,296
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4. Medical and Other Services	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 72,636,537	\$ 69,636,390
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See Contract Sch 1)	\$ 0
8. SUBTOTAL	\$ 72,636,537	\$ 69,636,390 (To Contract Sch 2)
9. Medi-Cal Deductible (Adj 9)	\$ 0	\$ (644,352)
10. Medi-Cal Coinsurance (Adj 9)	\$ 0	\$ (112,376)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 72,636,537	\$ 68,879,662 (To Contract Sch 1)

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

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

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

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 1)	77,046	78,635
2. Inpatient Days (include private, exclude swing-bed)	77,046	78,635
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	70,034	70,034
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 6)	30,858	17,711

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 27)	\$ 90,635,685	\$ 90,635,296
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)	\$ 90,635,685	\$ 90,635,296

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 136,634,000	\$ 136,634,000
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 136,634,000	\$ 136,634,000
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.663346	\$ 0.663344
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 1,950.97	\$ 1,950.97
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)	\$ 90,635,685	\$ 90,635,296

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,176.38	\$ 1,152.61
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 36,300,734	\$ 20,413,876
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 13,905,446	\$ 20,405,420
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 50,206,180	\$ 40,819,296

(To Contract Sch 3)

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

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 3,747,644	\$ 3,747,644
2. Total Inpatient Days (Adj)	11,635	11,635
3. Average Per Diem Cost	\$ 322.10	\$ 322.10
4. Medi-Cal Inpatient Days (Adj 6)	6,099	6,039
5. Cost Applicable to Medi-Cal	\$ 1,964,488	\$ 1,945,162
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 25,839,598	\$ 25,839,615
7. Total Inpatient Days (Adj 1)	10,629	10,269
8. Average Per Diem Cost	\$ 2,431.05	\$ 2,516.27
9. Medi-Cal Inpatient Days (Adj 6)	1,774	2,819
10. Cost Applicable to Medi-Cal	\$ 4,312,683	\$ 7,093,365
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NICU		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 14,657,745	\$ 14,657,759
27. Total Inpatient Days (Adj)	8,249	8,249
28. Average Per Diem Cost	\$ 1,776.91	\$ 1,776.91
29. Medi-Cal Inpatient Days (Adj 6)	4,293	6,397
30. Cost Applicable to Medi-Cal	\$ 7,628,275	\$ 11,366,893
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 13,905,446	\$ 20,405,420

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 15,666,823	\$ 68,970,295	0.227153	\$ 17,180,387	\$ 3,902,580
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	22,686,567	49,447,100	0.458805	9,076,754	4,164,458
53.00	Anesthesiology	554,319	5,831,517	0.095056	1,006,535	95,677
54.00	Radiology-Diagnostic	5,512,036	33,250,379	0.165774	3,581,397	593,701
55.00	Radiology-Therapeutic	2,427,617	23,054,000	0.105301	54,554	5,745
56.00	Radioisotope	1,636,189	6,188,982	0.264371	568,521	150,301
56.01	Ultra Sound	1,522,726	23,523,950	0.064731	3,735,073	241,775
57.00	Computed Tomography (CT) Scan	5,785,420	71,578,264	0.080826	5,881,336	475,368
58.00	Magnetic Resonance Imaging (MRI)	770,969	9,381,490	0.082180	981,355	80,648
59.00	Cardiac Catheterization	2,208,507	7,039,981	0.313709	6,501,645	2,039,626
60.00	Laboratory	15,298,195	170,817,646	0.089559	40,103,190	3,591,587
62.00	Whole Blood & Packed Red Blood Cells	3,346,266	2,693,794	1.242213	796,957	989,990
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	6,350,548	50,225,512	0.126441	18,596,117	2,351,306
66.00	Physical Therapy	3,104,211	8,165,165	0.380177	1,457,644	554,163
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	2,475,109	31,712,203	0.078049	1,576,528	123,047
70.00	Electroencephalography	178,858	1,085,815	0.164723	150,254	24,750
71.00	Medical Supplies Charged to Patients	7,623,493	69,197,058	0.110171	16,805,087	1,851,429
72.00	Implantable Devices Charged to Patients	9,313,419	24,554,793	0.379291	0	0
73.00	Drugs Charged to Patients	15,534,781	97,037,760	0.160090	28,354,101	4,539,210
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	722,382	6,155,265	0.117360	29,686	3,484
76.01	Pulmonary Function	397,980	896,972	0.443692	3,506	1,556
76.02	Respiratory Neonatal	1,342,985	6,948,952	0.193264	173,893	33,607
79.00		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	Satellite, Perinatal & Gestational Clinic [1]	129,992	16,607,683	0.107155	0	0
90.04	Children Center	3,672,846	2,718,093	1.351258	0	0
90.05	Renal Dialysis Clinic	4,280,330	19,410,176	0.220520	6,578,342	1,450,655
90.06	High Risk Infant Clinic	500,881	846,176	0.591935	0	0
90.08	Wound Clinic	1,146,694	4,445,402	0.257951	0	0
91.00	Emergency	25,528,986	188,359,654	0.135533	11,454,252	1,552,431
91.01	Psych Day Care	1,768,676	3,823,197	0.462617	0	0
92.00	Observation Beds (Non-Distinct Part)	0	1,118,560	0.000000	0	0
	TOTAL	\$ 161,487,807	\$ 1,005,085,834		\$ 174,647,114	\$ 28,817,094

(To Contract Sch 3)

* From Schedule 8, Column 26

[1] - For purpose of properly presentation 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 absense of reported Medi-Cal charges for the satellite and Gestatinal Clinics.

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1487697215

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 7)	AUDITED
50.00	Operating Room	\$ 4,942,834	\$ 12,237,553	\$ 17,180,387
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room	20,727,861	(11,651,107)	9,076,754
53.00	Anesthesiology	406,812	599,723	1,006,535
54.00	Radiology-Diagnostic	1,479,930	2,101,467	3,581,397
55.00	Radiology-Therapeutic	51,108	3,446	54,554
56.00	Radioisotope	534,139	34,382	568,521
56.01	Ultra Sound	1,337,976	2,397,097	3,735,073
57.00	Computed Tomography (CT) Scan	4,070,899	1,810,437	5,881,336
58.00	Magnetic Resonance Imaging (MRI)	658,503	322,852	981,355
59.00	Cardiac Catheterization	260,328	6,241,317	6,501,645
60.00	Laboratory	25,133,162	14,970,028	40,103,190
62.00	Whole Blood & Packed Red Blood Cells	344,851	452,106	796,957
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	6,184,974	12,411,143	18,596,117
66.00	Physical Therapy	518,820	938,824	1,457,644
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology	3,021,624	(1,445,096)	1,576,528
70.00	Electroencephalography	118,492	31,762	150,254
71.00	Medical Supplies Charged to Patients	8,467,862	8,337,225	16,805,087
72.00	Implantable Devices Charged to Patients	1,567,159	(1,567,159)	0
73.00	Drugs Charged to Patients	16,332,770	12,021,331	28,354,101
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Laboratory - Pathological	1,086,241	(1,056,555)	29,686
76.01	Pulmonary Function	41,658	(38,152)	3,506
76.02	Respiratory Neonatal	2,065,877	(1,891,984)	173,893
79.00				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	Satellite, Perinatal & Gestational Clinic [1]	2,121,453	(2,121,453)	0
90.04	Children Center			0
90.05	Renal Dialysis Clinic	3,794,440	2,783,902	6,578,342
90.06	High Risk Infant Clinic			0
90.08	Wound Clinic			0
91.00	Emergency	8,487,271	2,966,981	11,454,252
91.01	Psych Day Care			0
92.00	Observation Beds (Non-Distinct Part)			0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 113,757,044	\$ 60,890,070	\$ 174,647,114

(To Contract Sch 5)

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

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1245227180

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 24,478	\$ 24,478
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 5,089,026	\$ 5,089,030	\$ 4
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 5,089,026	\$ 5,113,508	\$ 24,482
4. Total Distinct Part Patient Days (Adj)	7,541	7,541	0
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 674.85	\$ 678.09	\$ 3.24
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)	30	30	0
10. Total Licensed Capacity (All levels) (Adj 12)	369	384	15
11. Total Medi-Cal DP Patient Days (Adj 11)	696	1,714	1,018
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 541,491	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 541,491	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 1,792,588	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,585,071	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 3,377,659	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1245227180

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 2,041,671	\$ 2,041,671	\$ 0
1.00	Capital Related Costs-Buildings and Fixtures	208,682	208,682	0
2.00	Capital Related Costs-Movable Equipment	174,969	174,969	(0)
3.00	Other Capital Related Costs		0	0
3.01			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	561,333	561,333	0
5.01	Communications	5,079	5,079	0
5.02	Information Systems	121,841	121,841	0
5.03	Purchasing and Stores	10,424	10,424	0
5.04	Admitting	35,733	35,736	3
5.05	Patient Financial Services	54,933	54,932	(1)
0.00			0	0
0.00			0	0
0.00			0	0
5.06	Administrative and General	682,933	682,934	1
6.00	Maintenance and Repairs	195,073	195,073	(0)
7.00	Operation of Plant	59,239	59,239	0
8.00	Laundry and Linen Service	24,212	24,212	(0)
9.00	Housekeeping	49,630	49,630	0
10.00	Dietary	333,766	333,766	(0)
11.00	Cafeteria	96,555	96,555	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	119,007	119,007	(0)
14.00	Central Services and Supply	4,369	4,369	(0)
15.00	Pharmacy	24,527	24,527	(0)
16.00	Medical Records & Library	39,202	39,202	(0)
17.00	Social Service	0	0	0
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School	245,848	245,849	1
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
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 5,089,026	\$ 5,089,030	\$ 4

(To DPNF Sch 1)

* From Schedule 8, line 44 plus line 45.

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

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1245227180

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 208,682	\$ N/A
2.00	Capital Related Costs-Movable Equipment	174,969	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	2,324	559,009
5.01	Communications	285	2,322
5.02	Information Systems	2,113	30,872
5.03	Purchasing and Stores	1,119	5,941
5.04	Admitting	956	25,914
5.05	Patient Financial Services	1,213	20,072
0.00	0	0	0
0.00		0	0
0.00		0	0
5.06	Administrative and General	14,321	166,292
6.00	Maintenance and Repairs	10,223	51,364
7.00	Operation of Plant	14,304	28,869
8.00	Laundry and Linen Service	4,154	10,747
9.00	Housekeeping	3,184	8,957
10.00	Dietary	43,789	187,793
11.00	Cafeteria	12,461	55,425
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	6,579	87,602
14.00	Central Services and Supply	397	1,504
15.00	Pharmacy	956	15,611
16.00	Medical Records & Library	3,850	21,352
17.00	Social Service	0	0
18.00	Other General Service (specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	35,611	305,423
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	\$ 541,491	\$ 1,585,071

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

(To DPNF SCH 1)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEEE 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 0.00	ALLOC COST 0.00	ALLOC COST 0.00	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.06
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	56,890	4,233	0	25,872	0	0	0	0	0	672,048	142,772
194.00 Community Relations	0	193,258	43,173	0	5,273	0	0	0	0	0	1,091,013	231,778
194.01 Other Nonreimbursable Cost Centers	0	0	8,465	0	0	0	0	0	0	0	79,224	16,830
194.02 Fund Raising	0	0	0	0	0	0	0	0	0	0	0	0
194.03 Community Service	0	39,019	4,233	0	6,617	0	0	0	0	0	593,100	126,000
194.04 Paramedic	0	45,674	0	0	230	0	0	0	0	0	234,738	49,868
194.05 Diabetes Clinic	0	20,744	0	0	0	0	0	0	0	0	89,339	18,979
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	<u>45,226,029</u>	<u>1,118,260</u>	<u>10,595,334</u>	<u>1,176,573</u>	<u>4,280,573</u>	<u>9,358,126</u>	0	0	0	<u>312,868,794</u>	<u>54,820,523</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:

Fiscal Period Ended:

ST. FRANCIS MEDICAL CENTER

JUNE 30, 2012

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	39,882	12,111	0	10,147	0	15,575	0	0	0	0	0	0
194.00 Community Relations	15,604	4,738	0	3,970	0	29,313	0	0	526	7,837	0	0
194.01 Other Nonreimbursable Cost Centers	13,094	3,976	0	3,331	0	0	0	0	0	0	0	0
194.02 Fund Raising	0	0	0	0	0	0	0	0	0	0	0	0
194.03 Community Service	0	0	0	0	0	13,244	0	0	0	1,203	0	0
194.04 Paramedic	3,164	961	0	805	0	8,123	0	0	0	0	0	0
194.05 Diabetes Clinic	0	0	0	0	0	4,379	0	0	0	2,508	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>9,791,727</u>	<u>2,870,957</u>	<u>440,869</u>	<u>2,379,366</u>	<u>4,463,262</u>	<u>4,637,095</u>	<u>0</u>	<u>4,230,699</u>	<u>3,509,925</u>	<u>9,126,887</u>	<u>6,678,327</u>	<u>910,715</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

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, & Canteen	0	0	0	0	0	0	0	0	892,534	0	892,534
194.00 Community Relations	0	0	0	0	0	0	0	0	1,384,779	0	1,384,779
194.01 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	116,456	0	116,456
194.02 Fund Raising	0	0	0	0	0	0	0	0	0	0	0
194.03 Community Service	0	0	0	0	0	0	0	0	733,547	0	733,547
194.04 Paramedic	0	0	0	0	0	0	0	0	297,660	0	297,660
194.05 Diabetes Clinic	0	0	0	0	0	0	0	0	115,205	0	115,205
193.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	<u>3,233,718</u>	0	0	0	0	0	<u>312,868,794</u>	0	<u>312,868,794</u>

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	EMP BENE (GROSS SALARIES)	COMMUNI CATIONS (NO. OF PHONES)	INFORMATION SYSTEMS (DP HRS)	PURCHASING & STORES (COSTED REQ)	ADMITTING (INPATIENT REVENUES)	PATIENT FINAN CIAL SRVS (GROSS REV)	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)
	4.00	5.01	5.02	5.03	5.04	5.05	0.00	0.00	0.00		5.06	6.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
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	389,740										
5.02	Information Systems	2,033,753	43									
5.03	Purchasing and Stores	511,186	0									
5.04	Admitting	2,128,164	35	1,650	86,553							
5.05	Patient Financial Services	1,818,743	59	5,720	17,970	0						
0.00												
0.00												
0.00												
5.06	Administrative and General	9,990,884	179	785	390,584	0						
6.00	Maintenance and Repairs	1,586,197	194	0	51,321	0				8,076,032		
7.00	Operation of Plant	912,269	10	0	16,426	0				2,089,325	12,382	
8.00	Laundry and Linen Service	125,244	0	0						325,577	1,297	
9.00	Housekeeping	211,882	0	0	299,314	0				1,891,033	2,435	
10.00	Dietary	1,657,624	14	88	211,695	0				3,333,357	9,774	
11.00	Cafeteria	1,796,210	0	0	0	0				3,470,733	10,094	
12.00	Maintenance of Personnel									0		
13.00	Nursing Administration	2,156,321	16	88	26,624	0				3,298,249	3,540	
14.00	Central Services and Supply	668,847	20	175	653,551	0				2,670,209	4,938	
15.00	Pharmacy	3,847,102	20	1,296	119,290	0				7,240,803	4,900	
16.00	Medical Records & Library	2,279,641	59	770	83,281	0				5,011,861	10,367	
17.00	Social Service	527,173	6	0	1,272	0				723,978	145	
18.00	Other General Service (specify)					0				0		
19.00	Nonphysician Anesthetists									0		
20.00	Nursing School	2,788,649	53	0	219,535	0				2,426,196	0	
21.00	Intern & Res. Service-Salary & Fringes (Approve									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)	38,196,934	125	1,752	997,114	137,752,560	137,752,560			62,221,614	105,516	
31.00	Intensive Care Unit	12,312,998	25	175	315,679	61,791,060	61,791,060			19,309,916	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	7,580,971	0	175	160,609	37,428,234	37,428,234			11,245,949	5,959	
40.00	Subprovider - IPF									0		
41.00	Subprovider - IRF									0		
42.00	Subprovider (specify)									0		
43.00	Nursery	1,655,286	25	175	42,287	1,925,574	1,925,574			2,747,501	5,829	
44.00	Skilled Nursing Facility	1,792,588	6	175	67,542	7,364,655	7,364,655			3,214,669	7,151	
45.00	Nursing Facility									0		
46.00	Other Long Term Care									0		
47.00										0		

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	EMP BENE (GROSS SALARIES)	COMMUNI CATIONS (NO. OF PHONES)	INFORMATION SYSTEMS (DP HRS)	PURCHASING & STORES (COSTED REQ)	ADMITTING (INPATIENT REVENUES)	PATIENT FINAN CIAL SRVS (GROSS REV)	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)
	4.00	5.01	5.02	5.03	5.04	5.05	0.00	0.00	0.00		5.06	6.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
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	181,674	5	0	167,631							672,048	1,462
194.00 Community Relations	617,159	51	0	34,167							1,091,013	572
194.01 Other Nonreimbursable Cost Centers		10	0	0							79,224	480
194.02 Fund Raising		0	0	0							0	
194.03 Community Service	124,606	5	0	42,874							593,100	
194.04 Paramedic	145,858			1,487							234,738	116
194.05 Diabetes Clinic	66,244			0							89,339	
193.04											0	
TOTAL	144,426,914	1,321	15,218	7,623,256	882,159,390	1,254,630,810	0	0	0		258,048,271	358,946
COST TO BE ALLOCATED	45,226,029	1,118,260	10,595,334	1,176,573	4,280,573	9,358,126	0	0	0		54,820,523	9,791,727
UNIT COST MULTIPLIER - SCH 8	0.313141	846.525125	696.236977	0.154340	0.004852	0.007459	0.000000	0.000000	0.000000		0.212443	27.279110

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	OPER 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 (Adj)	8.00 (Adj)	9.00 (Adj)	10.00 (Adj)	11.00 (Adj)	12.00 (Adj)	13.00 (Adj)	14.00 (Adj)	15.00 (Adj)	16.00 (Adj)	17.00 (Adj)	18.00 (Adj)
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	1,462		1,462		441							
194.00 Community Relations	572		572		830			1,849	5,850			
194.01 Other Nonreimbursable Cost Centers	480		480									
194.02 Fund Raising												
194.03 Community Service					375				898			
194.04 Paramedic	116		116		230							
194.05 Diabetes Clinic					124				1,872			
193.04												
TOTAL	346,564	1,368,006	342,832	318,197	131,301	0	2,021,166	12,326,596	6,813,149	1,254,630,810	100	0
COST TO BE ALLOCATED	2,870,957	440,869	2,379,366	4,463,262	4,637,095	0	4,230,699	3,509,925	9,126,887	6,678,327	910,715	0
UNIT COST MULTIPLIER - SCH 8	8.284060	0.322271	6.940326	14.026725	35.316528	0.000000	2.093197	0.284744	1.339599	0.005323	9107.153461	0.000000

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
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						
0.00							
0.00							
0.00							
5.06	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 (Approve						
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)	31,596					
31.00	Intensive Care Unit						
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	NICU	303					
40.00	Subprovider - IPF						
41.00	Subprovider - IRF						
42.00	Subprovider (specify)						
43.00	Nursery	230					
44.00	Skilled Nursing Facility	2,792					
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Labor Room and Delivery Room	503					
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
56.01	Ultra Sound						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
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						
76.02	Respiratory Neonatal						
79.00							
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	Satelite, Perinatal & Gestational Clinic [1]	920					
90.04	Children Center						
90.05	Renal Dialysis Clinic						
90.06	High Risk Infant Clinic						
90.08	Wound Clinic						
91.00	Emergency	380					
91.01	Psych Day Care						
92.00	Observation Beds (Non-Distinct Part)						
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. tchnng. prgm)						
101.00	Home Health Agency						

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
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							
194.00 Community Relations							
194.01 Other Nonreimbursable Cost Centers							
194.02 Fund Raising							
194.03 Community Service							
194.04 Paramedic							
194.05 Diabetes Clinic							
193.04							
TOTAL	0	36,724	0	0	0	0	0
COST TO BE ALLOCATED	0	3,233,718	0	0	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	88.054630	0.000000	0.000000	0.000000	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 11,415,350	\$ 0	\$ 11,415,350
2.00	Capital Related Costs-Movable Equipment	11,267,754	0	11,267,754
3.00	Other Capital Related Costs		0	0
3.01			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	45,038,785	0	45,038,785
5.01	Communications	933,982	0	933,982
5.02	Information Systems	9,742,998	0	9,742,998
5.03	Purchasing and Stores	890,851	0	890,851
5.04	Admitting	2,333,696	0	2,333,696
5.05	Patient Financial Services	4,621,283	0	4,621,283
			0	0
			0	0
			0	0
5.06	Administrative and General	49,821,440	0	49,821,440
6.00	Maintenance and Repairs	6,942,143	0	6,942,143
7.00	Operation of Plant	1,128,361	0	1,128,361
8.00	Laundry and Linen Service	216,774	0	216,774
9.00	Housekeeping	1,647,850	0	1,647,850
10.00	Dietary	2,184,118	0	2,184,118
11.00	Cafeteria	2,366,722	0	2,366,722
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	2,354,172	0	2,354,172
14.00	Central Services and Supply	1,956,201	0	1,956,201
15.00	Pharmacy	4,835,567	0	4,835,567
16.00	Medical Records & Library	3,142,921	0	3,142,921
17.00	Social Service	545,844	0	545,844
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School	1,052,113	0	1,052,113
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
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	41,424,220	0	41,424,220
31.00	Intensive Care Unit	13,237,548	0	13,237,548
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	NICU	7,944,915	0	7,944,915
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery	1,743,199	0	1,743,199
44.00	Skilled Nursing Facility	2,041,671	0	2,041,671
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 7,058,947	\$ 7,058,947
51.00	Recovery Room		0
52.00	Labor Room and Delivery Room	11,245,807	11,245,807
53.00	Anesthesiology	306,005	306,005
54.00	Radiology-Diagnostic	2,672,923	2,672,923
55.00	Radiology-Therapeutic	903,661	903,661
56.00	Radioisotope	569,651	569,651
56.01	Ultra Sound	603,360	603,360
57.00	Computed Tomography (CT) Scan	2,751,357	2,751,357
58.00	Magnetic Resonance Imaging (MRI)	183,791	183,791
59.00	Cardiac Catheterization	1,166,445	1,166,445
60.00	Laboratory	7,128,444	7,128,444
62.00	Whole Blood & Packed Red Blood Cells	2,677,972	2,677,972
63.00	Blood Storing, Processing, & Trans.		0
64.00	Intravenous Therapy		0
65.00	Respiratory Therapy	3,119,971	3,119,971
66.00	Physical Therapy	1,110,085	1,110,085
67.00	Occupational Therapy		0
68.00	Speech Pathology		0
69.00	Electrocardiology	965,437	965,437
70.00	Electroencephalography	70,333	70,333
71.00	Medical Supplies Charged to Patients	4,206,255	4,206,255
72.00	Implantable Devices Charged to Patients	5,913,773	5,913,773
73.00	Drugs Charged to Patients	5,333,176	5,333,176
74.00	Renal Dialysis		0
75.00	ASC (Non-Distinct Part)		0
76.00	Laboratory - Pathological	220,532	220,532
76.01	Pulmonary Function	106,188	106,188
76.02	Respiratory Neonatal	727,915	727,915
79.00			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	Satelite,Perinatal & Gestational Clinic [1]	3,557,388	3,557,388
90.04	Children Center	1,880,702	1,880,702
90.05	Renal Dialysis Clinic	1,944,600	1,944,600
90.06	High Risk Infant Clinic	211,160	211,160
90.08	Wound Clinic	658,376	658,376
91.00	Emergency	12,294,177	12,294,177
91.01	Psych Day Care	325,576	325,576
92.00	Observation Beds (Non-Distinct Part)		0
	SUBTOTAL	\$ 310,744,485	\$ 310,744,485
NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis		0
95.00	Ambulance Services		0
96.00	Durable Medical Equipment-Rented		0
97.00	Durable Medical Equipment-Sold		0

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

		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, & Canteen	506,617	0	506,617
194.00	Community Relations	806,828	0	806,828
194.01	Other Nonreimbursable Cost Centers	16,428	0	16,428
194.02	Fund Raising	0	0	0
194.03	Community Service	543,231	0	543,231
194.04	Paramedic	182,611	0	182,611
194.05	Diabetes Clinic	68,595	0	68,595
193.04			0	0
	SUBTOTAL	\$ 2,124,310	\$ 0	\$ 2,124,310
200	TOTAL	\$ 312,868,795	\$ 0	\$ 312,868,795

(To Schedule 8)

Provider Name:
ST. FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ										
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											
194.00 Community Relations	0											
194.01 Other Nonreimbursable Cost Centers	0											
194.02 Fund Raising	0											
194.03 Community Service	0											
194.04 Paramedic	0											
194.05 Diabetes Clinic	0											
193.04	0											
200.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name							Fiscal Period	Provider NPI	Adjustments	
ST. FRANCIS MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1487697215	12	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>										
1	Contract 4	D-1	I	XIX	1.00	1	Adults and Pediatrics	77,046	1,589	78,635
	Contract 4A	D-1	I	XIX	43.00	2	Intensive Care Unit	10,629	(360)	10,269
							To reconcile total patient days to agree with the provider's patient census report.			
							42 CFR 413.20, 413.24 and 413.50			
							CMS Pub. 15-1, Sections 2205, 2300 and 2304			

Provider Name			Fiscal Period				Provider NPI		Adjustments
ST. FRANCIS MEDICAL CENTER			JULY 1, 2011 THROUGH JUNE 30, 2012				1487697215		12
Report References									
Adj. No.	Audit Report	Cost Report				Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT									
2	4A	Not Reported				Medi-Cal Administrative Days (July 01, 2011 through July 31, 2011)	0	9	9
	4A	Not Reported				Medi-Cal Administrative Rate (July 01, 2011 through July 31, 2011)	\$0	\$409.48	\$409.48
	4A	Not Reported				Medi-Cal Administrative Days (August 01, 2011 through June 30, 2012)	0	105	105
	4A	Not Reported				Medi-Cal Administrative Rate (August 01, 2011 through June 30, 2012)	\$0	\$416.95	\$416.95
3	6	Not Reported				Medi-Cal Ancillary Charges - Radiology-Diagnostic	\$0	\$2,208	\$2,208
	6	Not Reported				Medi-Cal Ancillary Charges - Ultra Sound	0	13,472	13,472
	6	Not Reported				Medi-Cal Ancillary Charges - Laboratory	0	71,483	71,483
	6	Not Reported				Medi-Cal Ancillary Charges - Physical Therapy	0	1,434	1,434
	6	Not Reported				Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	63,844	63,844
	6	Not Reported				Medi-Cal Ancillary Charges - Total	0	152,441	152,441
4	2	Not Reported				Medi-Cal Routine Service Charges	\$0	\$249,947	\$249,947
	2	Not Reported				Medi-Cal Ancillary Service Charges	0	152,441	152,441
5	3	Not Reported				Medi-Cal Coinsurance	\$0	\$649	\$649
	1	Not Reported				Medi-Cal Interim Payment	0	100,170	100,170
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data.</p> <p>Service Period: July 01, 2011 through June 30, 2012</p> <p>Payment Period: July 01, 2011 through November 30, 2013</p> <p>Report Date: December 26, 2013</p> <p>42 CFR 413.20, 413.24, 413.53 and 433.139</p> <p>CMS Pub. 15-1, Sections 2304, 2404 and 2408</p> <p>CCR, Title 22, Section 51541</p>									

Provider Name							Fiscal Period	Provider NPI		Adjustments
ST. FRANCIS MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1487697215		12
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										
6	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	30,858	(13,147)	17,711
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	6,099	(60)	6,039
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,774	1,045	2,819
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Neonatal Intensive Care Unit	4,293	2,104	6,397
7	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$4,942,834	\$12,237,553	\$17,180,387
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	20,727,861	(11,651,107)	9,076,754
	Contract 6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	406,812	599,723	1,006,535
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	1,479,930	2,101,467	3,581,397
	Contract 6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	51,108	3,446	54,554
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	534,139	34,382	568,521
	Contract 6	D-3		XIX	56.01	2	Medi-Cal Ancillary Charges - Ultrasound	1,337,976	2,397,097	3,735,073
	Contract 6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	4,070,899	1,810,437	5,881,336
	Contract 6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	658,503	322,852	981,355
	Contract 6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	260,328	6,241,317	6,501,645
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	25,133,162	14,970,028	40,103,190
	Contract 6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood & Packed Red Blood Cells	344,851	452,106	796,957
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	6,184,974	12,411,143	18,596,117
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	518,820	938,824	1,457,644
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electro cardiology	3,021,624	(1,445,096)	1,576,528
	Contract 6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	118,492	31,762	150,254
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	8,467,862	8,337,225	16,805,087
	Contract 6	D-3		XIX	72.00	7	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	1,567,159	(1,567,159)	0
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	16,332,770	12,021,331	28,354,101
	Contract 6	D-3		XIX	76.00	2	Medi-Cal Ancillary Charges - Laboratory - Pathological	1,086,241	(1,056,555)	29,686
	Contract 6	D-3		XIX	76.01	2	Medi-Cal Ancillary Charges - Pulmonary Function Testing	41,658	(38,152)	3,506
	Contract 6	D-3		XIX	76.02	2	Medi-Cal Ancillary Charges - Respiratory Neonatal	2,065,877	(1,891,984)	173,893
	Contract 6	D-3		XIX	90.01	2	Medi-Cal Ancillary Charges - Satellite, Perinatal and Gestational Clinic	2,121,453	(2,121,453)	0
	Contract 6	D-3		XIX	90.05	2	Medi-Cal Ancillary Charges - Renal Dialysis Clinic	3,794,440	2,783,902	6,578,342
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	8,487,271	2,966,981	11,454,252
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	113,757,044	60,890,070	174,647,114

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. FRANCIS MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1487697215		12
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												
-Continued from previous page-												
8	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$53,223,923	\$31,202,942	\$84,426,865		
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	113,757,044	60,890,070	174,647,114		
9	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$0	\$644,352	\$644,352		
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	0	112,376	112,376		
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data.</p> <p style="text-align: center;">Service Period: July 01, 2011 through June 30, 2012 Payment Period: July 01, 2011 through November 30, 2013 Report Date: December 26, 2013 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</p>												

Provider Name			Fiscal Period				Provider NPI		Adjustments	
ST. FRANCIS MEDICAL CENTER			JULY 1, 2011 THROUGH JUNE 30, 2012				1487697215		12	
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 - DPNF										
10	DPNF 4	Not Reported				Total Ancillary Charges - Respiratory Therapy	\$0	\$139,007	\$139,007	
	DPNF 4	Not Reported				Total Ancillary Charges - Drugs Charged to Patients	0	43,114	43,114	
	DPNF 4	Not Reported				Total Ancillary Charges - Total	0	182,121	182,121	
						To include Medi-Cal ancillary charges in determining the cost of services.				
						42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53				
						CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304 and 2306				
						CCR, Title 22, Section 51511(c)				
11	DPNF 1	Not Reported				Medi-Cal Days Skilled Nursing Facility	696	1,018	1,714	
						To reflect Medi-Cal patient days based on the following Fiscal Intermediary Payment Data.				
						Service Period: July 01, 2011 through June 30, 2012				
						Payment Period: July 01, 2011 through January 31, 2014				
						Report Date: February 6, 2014				
						42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139				
						CMS Pub. 15-1, Sections 2300, 2304, 2404 and 2408				
						CCR, Title 22, Section 51541				

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. FRANCIS MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1487697215		12
Report References												
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
<u>ADJUSTMENT TO OTHER MATTERS</u>												
12	DPNF 1	S-3	I		27.00	1	Total Licensed Capacity (All Levels) To adjust the number of licensed beds based on the facility license. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 72201			369	15	384