

**REPORT
ON THE
COST REPORT REVIEW**

**ST. LOUISE REGIONAL HOSPITAL
GILROY, CALIFORNIA
PROVIDER NUMBER: HSP30688I AND
NPI NUMBER: 1386746337**

**FISCAL PERIOD ENDED
JUNE 30, 2009**

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

**Section Chief: Louise Wong
Audit Supervisor: Marisa Ho
Auditor: Jun Yan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

November 30, 2011

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

PROVIDER: ST. LOUISE REGIONAL HOSPITAL
PROVIDER NUMBER: HSP30688I
NPI NUMBER: 1386746337
FISCAL PERIOD ENDED JUNE 30, 2009

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 settlement for the fiscal period due the State in the amount of \$274,943 presented in the Summary of Findings represents 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 AB 5 and AB 1183 Reductions (Schedule A)
3. Computation of Audited Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
4. Audit Adjustments Schedule

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

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

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

John Melton, Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
MS 0017
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
P.O. Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)

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

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

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

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. HSP30688I		
Reported	\$ 767,552	
Net Change	\$ (1,042,495)	
Audited Amount Due Provider (State)	\$ (274,943)	
2. Subprovider I (SCHEDULE 1-1) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.		
Reported		\$ 0
Net Change		\$ 0
Audited Cost		\$ 0
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No.		
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 No.		
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)	\$ (274,943)	
9. Total Medi-Cal Cost		\$ 0

SUMMARY OF FINDINGS

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)	Provider No.		
	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 No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
16. Total Other Settlement	Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Audited Settlement Due	Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (274,943)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
HSP30688I

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>7,053,390</u>	\$ <u>7,084,060</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>7,053,390</u>	\$ <u>7,084,060</u>
6. Interim Payments (Adj 14)	\$ <u>(6,285,838)</u>	\$ <u>(6,641,897)</u>
7. Balance Due Provider (State)	\$ <u>767,552</u>	\$ <u>442,163</u>
8.	\$ <u>0</u>	\$ <u>0</u>
9. Total Noncontract AB 5 and 1183 Reductions (Schedule A)	\$ <u>0</u>	\$ <u>(717,106)</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>767,552</u></u>	\$ <u><u>(274,943)</u></u>
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 AND AB 1183
SUMMARY OF REDUCTIONS

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
HSP30688I

1. 10% Reduction for Noncontract Services from 07/01/08 - 09/30/08 (AB 5 Schedule A-1)	\$	<u>0</u>
2. Reduction for Noncontract Services from 10/01/08 - 04/05/09 (AB 1183 Schedule A-2)		<u> </u>
3. 10% Reduction for Noncontract Services from 04/06/09 - MM/DD/YY (AB 5 Schedule A-3)		<u>0</u>
4. 10% Reduction for HFPAs from 07/01/08 - 06/30/09 (AB 5 Schedule A-4)		<u>717,106</u>
5. 10% Reduction for Rural Health Hospitals from 07/01/08 - 10/31/08 (AB 5 Schedule A-5)		<u>0</u>
6. Total Noncontract AB 5 and AB 1183 Reductions	\$	<u>717,106</u> (To Schedule 1, Ln 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
HFPA's WITH LESS THAN 3 HOSPITALS

AB 5

10% REDUCTION FOR SERVICES FROM JULY 1, 2008 THROUGH JUNE 30, 2009

Provider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2009Provider No.
HSP30688I**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>7,191,329</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>20,274</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$ <u><u>7,171,055</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)	<u><u>2,401</u></u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$ <u><u>2,986.70</u></u>

10 % Cost Reduction For Services From 07/01/08 Through 06/30/09

6. Audited Medi-Cal Days of Service from 07/01/08 - 06/30/09 (excludes Administrative Days)	<u>2,401</u>
7. Audited Medi-Cal Cost Per Day for 07/01/08 - 06/30/09 (Line 5 X Line 6)	\$ <u>7,171,055</u>
8. 10% Cost Reduction for 07/01/08 - 06/30/09 (Line 7 X 10%)	\$ <u><u>717,106</u></u> (To Schedule A, Ln 4)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2009Provider No.
HSP30688I

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ <u>7,053,390</u>	\$ <u>7,191,329</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 13)	\$ <u>12,131,288</u>	\$ <u>12,433,930</u>
3. Inpatient Ancillary Service Charges (Adj 13)	\$ <u>14,419,836</u>	\$ <u>14,813,427</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>26,551,124</u>	\$ <u>27,247,357</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>19,497,734</u>	\$ <u>20,056,028</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(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. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2009Provider No.
HSP30688I

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>2,849,846</u>	\$ <u>2,886,513</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>4,203,544</u>	\$ <u>4,332,339</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4. Routine Services - Late Billing Penalty (Adj 15)	\$ <u>0</u>	\$ <u>(27,523)</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>7,053,390</u>	\$ <u>7,191,329</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>(See Schedule 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>7,053,390</u>	\$ <u>7,191,329</u> (To Schedule 2)
9. Coinsurance (Adj 14)	\$ <u>0</u>	\$ <u>(96,102)</u>
10. Patient and Third Party Liability (Adj 14)	\$ <u>0</u>	\$ <u>(11,167)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>7,053,390</u></u>	\$ <u><u>7,084,060</u></u> (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2009Provider No.
HSP30688I

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 9)	10,874	11,100
2. Inpatient Days (include private, exclude swing-bed)	10,874	11,100
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 9)	10,874	11,100
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 10)	1,465	1,547

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 25, Col 27)	\$ 20,009,905	\$ 19,863,809
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 20,009,905	\$ 19,863,809

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 65,170,153	\$ 65,170,153
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 65,170,153	\$ 65,170,153
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.307041	\$ 0.304799
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)	\$ 5,993.21	\$ 5,871.18
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 20,009,905	\$ 19,863,809

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,840.16	\$ 1,789.53
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 2,695,834	\$ 2,768,403
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 1,507,710	\$ 1,563,936
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 4,203,544	\$ 4,332,339

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2009Provider No.
HSP30688I

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,823,567	\$ 1,815,432
2. Total Inpatient Days (Adj)	1,428	1,428
3. Average Per Diem Cost	\$ 1,277.01	\$ 1,271.31
4. Medi-Cal Inpatient Days (Adj 10)	668	677
5. Cost Applicable to Medi-Cal	\$ 853,043	\$ 860,677
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 6,287,132	\$ 6,262,626
7. Total Inpatient Days (Adj)	1,623	1,623
8. Average Per Diem Cost	\$ 3,873.77	\$ 3,858.67
9. Medi-Cal Inpatient Days (Adj 10)	169	177
10. Cost Applicable to Medi-Cal	\$ 654,667	\$ 682,985
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 11)	\$ 0.00	\$ 332.36
27. Medi-Cal Inpatient Days (Adj 11)	0	61
28. Cost Applicable to Medi-Cal	\$ 0	\$ 20,274
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 1,507,710	\$ 1,563,936

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
HSP30688I

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)

Provider Name:

Fiscal Period Ended:

ST. LOUISE REGIONAL HOSPITAL

JUNE 30, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	NON- PATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING 6.03	ADMITTING COST 6.04	OUT- PATIENT REGISTRA. 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	1,006,924	10,655	416,316	7,396	69,325	70,520	0	0	0	4,736,671	906,587
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	280,379	0	14,772	7,211	11,069	2,550	0	0	0	1,328,355	254,244
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	771,438	11,908	19,107	20,947	37,869	173,652	0	0	0	4,302,876	823,560
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	5,641	888	2,459	0	0	0	181,833	34,802
44.00	Laboratory	0	537,265	10,655	78,796	118,031	52,773	78,614	0	0	0	4,225,635	808,776
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	468,619	5,641	226,130	1,524	38,837	13,970	0	0	0	2,194,400	420,003
50.00	Physical Therapy	0	0	1,254	45,546	126	10,990	8,451	0	0	0	752,319	143,992
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	335,568	73,443	52,385	0	0	0	4,131,408	790,741
56.00	Drugs Charged to Patients	0	0	3,761	0	0	70,442	28,431	0	0	0	1,000,148	191,426
57.00	Renal Dialysis	0	0	0	0	0	4,202	83	0	0	0	101,778	19,480
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
58.01	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0
58.02		0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	146,711	5,641	0	21,737	75	18,556	0	0	0	1,521,309	291,175
60.01	PEDS Clinic	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	1,447,770	15,669	42,404	2,930	26,742	219,417	0	0	0	5,972,982	1,143,214
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
65.00	FQHC 6	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Melanoma Center	0	0	0	0	0	0	0	0	0	0	0	0
70.00	Emergency	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen	0	0	0	0	3,513	0	0	0	0	0	42,928	8,216
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
99.06		0	0	0	0	0	0	0	0	0	0	0	0
99.07		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Misc Non-Reimbursable	0	22,833	3,134	0	148	0	0	0	0	0	146,234	27,989
100.01	Community Health/Public Rel	0	127,156	1,880	0	1,426	0	0	0	0	0	908,895	173,960
100.02	Meals On Wheels	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	13,042,343	183,014	1,744,864	682,774	717,905	669,090	0	0	0	73,957,321	11,881,213

Provider Name:

ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:

JUNE 30, 2009

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS													
37.00	Operating Room	321,496	152,518	24,846	232,362	0	111,590	0	166,572	7,964	26,926	189,178	0
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	91,462	43,390	5,417	66,105	0	31,695	0	0	11,787	8,646	18,753	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	228,516	108,408	6,114	165,161	0	127,498	0	0	31,144	579	281,023	0
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	9,284	0	4,469	0
44.00	Laboratory	113,220	53,712	0	81,830	0	105,251	0	0	191,495	142	176,791	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	36,609	17,367	0	26,459	0	82,048	0	0	1,694	0	72,403	0
50.00	Physical Therapy	50,981	24,185	193	36,847	0	0	0	0	117	0	26,403	0
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	552,264	0	171,062	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	1,962,042	135,388	0
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	1	81	5,956	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
58.01	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0
58.02		0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	144,919	68,749	1,649	104,741	0	28,526	0	18,219	33,881	37	24,503	0
60.01	PEDS Clinic	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	135,696	64,375	14,164	98,075	0	186,821	0	385,011	2,163	19,242	325,720	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
65.00	FQHC 6	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Melanoma Center	0	0	0	0	0	0	0	0	0	0	0	0
70.00	Emergency	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
99.06		0	0	0	0	0	0	0	0	0	0	0	0
99.07		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Misc Non-Reimbursable	31,140	14,773	0	22,506	0	5,023	0	0	45	0	0	0
100.01	Community Health/Public Rel	0	0	0	0	0	18,000	0	558	1,267	0	0	0
100.02	Meals On Wheels	0	0	0	0	282,269	0	0	0	0	0	0	0
	TOTAL	2,910,786	1,333,967	98,066	1,983,665	1,227,408	1,439,492	0	1,629,837	908,129	2,043,813	1,878,596	380,208

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 21.00	NURSING SCHOOL 21.01	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	6,876,709		6,876,709
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	1,859,854		1,859,854
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0		0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	6,074,879		6,074,879
41.01	0	0	0	0	0	0	0	0	0		0
41.02	0	0	0	0	0	0	0	0	0		0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	230,388		230,388
44.00 Laboratory	0	0	0	0	0	0	0	0	5,756,853		5,756,853
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	2,850,983		2,850,983
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,035,038		1,035,038
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0		0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0		0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0		0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	5,645,475		5,645,475
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,289,004		3,289,004
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	127,296		127,296
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
58.01 Professional Services	0	0	0	0	0	0	0	0	0		0
58.02	0	0	0	0	0	0	0	0	0		0
59.00	0	0	0	0	0	0	0	0	0		0
59.01	0	0	0	0	0	0	0	0	0		0
59.02	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	2,237,707		2,237,707
60.01 PEDS Clinic	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	0	0	0	8,347,463		8,347,463
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
65.00 FQHC 6	0	0	0	0	0	0	0	0	0		0
65.00 Melanoma Center	0	0	0	0	0	0	0	0	0		0
70.00 Emergency	0	0	0	0	0	0	0	0	0		0
71.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
80.00	0	0	0	0	0	0	0	0	0		0
81.00	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTERS											
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	51,145		51,145
97.00 Research	0	0	0	0	0	0	0	0	0		0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01	0	0	0	0	0	0	0	0	0		0
99.02	0	0	0	0	0	0	0	0	0		0
99.03	0	0	0	0	0	0	0	0	0		0
99.04	0	0	0	0	0	0	0	0	0		0
99.05	0	0	0	0	0	0	0	0	0		0
99.06	0	0	0	0	0	0	0	0	0		0
99.07	0	0	0	0	0	0	0	0	0		0
100.00 Misc Non-Reimbursable	0	0	0	0	0	0	0	0	247,710		247,710
100.01 Community Health/Public Rel	0	0	0	0	0	0	0	0	1,102,680		1,102,680
100.02 Meals On Wheels	0	0	0	0	0	0	0	0	282,269		282,269
TOTAL	0	0	0	0	0	0	0	0	73,957,321	0	73,957,321

Provider Name:

Fiscal Period Ended:

ST. LOUISE REGIONAL HOSPITAL

JUNE 30, 2009

	EMP BENE (GROSS SALARIES) 5.00	NON- PATIENT TELEPHONES 6.01	DATA PROCESSING (TRANSACTIONS) 6.02	PURCHASING RECEIVING (PURCH SUPP) 6.03	ADMITTING (INPATIENT REVENUE) 6.04	OUT- PATIENT REGISTRA. 6.05	STAT 6.06	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj 8)
GENERAL SERVICE COST CENTERS											
1.00	Old Capital Related Costs - Building and Fixtures										
2.00	Old Capital Related Costs - Movable Equipment										
3.00	New Capital Related Costs - Building and Fixtures										
4.00	New Capital Related Costs - Movable Equipment										
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00	Employee Benefits										
6.01	Non-Patient Telephones	74,322									
6.02	Data Processing		6								
6.03	Purchasing/Receiving	453,644	8	9,139							
6.04	Patient Admitting	492,083	8		45,638						
6.05	Outpatient Registration	433,452									
6.06											
6.07											
6.08											
6.00	Administrative and General	4,099,865	38	145,375	110,644						
7.00	Maintenance and Repairs	787,534	10		258,176				2,443,169		
8.00	Operation of Plant				5,035				1,036,664		2,477
9.00	Laundry and Linen Service								82,312		
10.00	Housekeeping	772,617	2		174,880				1,581,692		1,686
11.00	Dietary	333,014	11		397,870				784,909		3,332
12.00	Cafeteria	657,236							1,078,585		1,761
13.00	Maintenance of Personnel								0		
14.00	Nursing Administration	741,557	4		39,415				1,323,878		223
15.00	Central Services and Supply			59,529	164,844				631,056		1,778
16.00	Pharmacy	743,079		208,151	5,470				1,615,832		850
17.00	Medical Records and Library	659,694	15		18,318				1,422,770		1,325
18.00	Social Service	190,974	2		33				301,596		97
19.00									0		
19.02									0		
19.03									0		
21.00	Nursing School								0		
21.01	Clinical Pastoral Education								0		
22.00	Intern and Res Service - Salary and Fringes								0		
23.00	Intern and Res - Other Program								0		
24.00	Paramedical Ed Program								0		
INPATIENT ROUTINE COST CENTERS											
25.00	Adults and Pediatrics (Gen Routine)	7,563,783	62	5,110	396,581	61,105,273			12,451,839		24,599
26.00	Intensive Care Unit	2,849,958	14	10,039	95,525	19,079,106			4,416,934		4,297
27.00	Coronary Care Unit								0		
28.00	Neonatal Intensive Care Unit								0		
29.00	Surgical Intensive Care								0		
31.00	Subprovider I								0		
31.01	Subprovider 2 Psych								0		
32.00									0		
33.00	Nursery	849,848		964		4,064,880			1,357,100		1,579
34.00	Medicare Certified Nursing Facility								0		
35.00	Distinct Part Nursing Facility								0		
36.00	Adult Subacute Care Unit								0		
36.01	Subacute Care Unit II								0		
36.02	Transitional Care Unit								0		

Provider Name:

ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:

JUNE 30, 2009

	EMP BENE (GROSS SALARIES) 5.00	NON- PATIENT TELEPHONES 6.01	DATA PROCESSING (TRANSACTIONS) 6.02	PURCHASING RECEIVING (PURCH SUPP) 6.03	ADMITTING (INPATIENT REVENUE) 6.04	OUT- PATIENT REGISTRA. 6.05	STAT 6.06	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj 8)
ANCILLARY COST CENTERS											
37.00	Operating Room	2,654,230	17	202,346	80,883	18,180,770				4,736,671	8,053
38.00	Recovery Room									0	
39.00	Delivery Room and Labor Room	739,072		7,180	78,867	2,902,967				1,328,355	2,291
40.00	Anesthesiology									0	
41.00	Radiology - Diagnostic	2,033,495	19	9,287	229,092	9,931,215				4,302,876	5,724
41.01										0	
41.02										0	
42.00	Radiology - Therapeutic									0	
43.00	Radioisotope				61,698	232,824				181,833	
44.00	Laboratory	1,416,220	17	38,298	1,290,868	13,839,918				4,225,635	2,836
44.01	Pathological Lab									0	
46.00	Whole Blood									0	
47.00	Blood Storing and Processing									0	
49.00	Respiratory Therapy	1,235,270	9	109,908	16,673	10,185,290				2,194,400	917
50.00	Physical Therapy		2	22,137	1,380	2,882,148				752,319	1,277
51.00	Occupational Therapy									0	
52.00	Speech Pathology									0	
53.00	Electrocardiology									0	
54.00	Electroencephalography									0	
55.00	Medical Supplies Charged to Patients				3,670,012	19,260,815				4,131,408	
56.00	Drugs Charged to Patients		6			18,473,774				1,000,148	
57.00	Renal Dialysis				5	1,102,096				20,655	
58.00	ASC (Non-Distinct Part)									101,778	
58.01	Professional Services									0	
58.02										0	
59.00										0	
59.01										0	
59.02										0	
60.00	Clinic	386,728	9		237,727	19,558				4,599,211	3,630
60.01	PEDS Clinic									1,521,309	
61.00	Emergency	3,816,291	25	20,610	32,044	7,013,163				54,385,027	3,399
62.00	Observation Beds									0	
65.00	FQHC 6									0	
65.00	Melanoma Center									0	
70.00	Emergency									0	
71.00	Observation Beds									0	
80.00										0	
81.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop and Canteen				38,425					42,928	
97.00	Research									0	
98.00	Physicians' Private Office									0	
99.00	Nonpaid Workers									0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
99.06										0	
99.07										0	
100.00	Misc Non-Reimbursable	60,187	5		1,617					146,234	780
100.01	Community Health/Public Rel	335,181	3		15,592					908,895	
100.02	Meals On Wheels									0	
TOTAL	34,379,334	292	848,073	7,467,312	188,273,797	165,841,240	0	0	0	62,076,108	72,911
COST TO BE ALLOCATED	13,042,343	183,014	1,744,864	682,774	717,905	669,090	0	0	0	11,881,213	2,910,786
UNIT COST MULTIPLIER - SCH 8	0.379366	626.761043	2.057445	0.091435	0.003813	0.004035	0.000000	0.000000	0.000000	0.191398	39.922453

Provider Name:

ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:

JUNE 30, 2009

	OPER PLANT (SQ FT) 8.00 (Adj 8)	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE- KEEPING (SQ FT) 10.00 (Adj 8)	DIETARY (MEALS SERVED) 11.00	CAFETERIA (FTE'S) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS REVENUE) 17.00	SOC SERV (TIME SPENT) 18.00	STAT 19.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	8,053	104,151	8,053			1,866		896	52,924	12,317	35,660,001	
38.00	Recovery Room												
39.00	Delivery Room and Labor Room	2,291	22,709	2,291			530			78,331	3,955	3,535,031	
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	5,724	25,631	5,724			2,132			206,961	265	52,972,746	
41.01													
41.02													
42.00	Radiology - Therapeutic												
43.00	Radioisotope									61,698		842,408	
44.00	Laboratory	2,836		2,836			1,760			1,272,558	65	33,325,137	
44.01	Pathological Lab												
46.00	Whole Blood												
47.00	Blood Storing and Processing												
49.00	Respiratory Therapy	917		917			1,372			11,254		13,648,014	
50.00	Physical Therapy	1,277	810	1,277						780		4,976,913	
51.00	Occupational Therapy												
52.00	Speech Pathology												
53.00	Electrocardiology												
54.00	Electroencephalography												
55.00	Medical Supplies Charged to Patients									3,670,012		32,245,127	
56.00	Drugs Charged to Patients												
57.00	Renal Dialysis									5			
58.00	ASC (Non-Distinct Part)										37	1,122,751	
58.01	Professional Services												
58.02													
59.00													
59.01													
59.02													
60.00	Clinic	3,630	6,912	3,630			477			98	225,154	17	4,618,769
60.01	PEDS Clinic												
61.00	Emergency	3,399	59,372	3,399			3,124			2,071	14,372	8,802	61,398,190
62.00	Observation Beds												
65.00	FQHC 6												
65.00	Melanoma Center												
70.00	Emergency												
71.00	Observation Beds												
80.00													
81.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen												
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
99.06													
99.07													
100.00	Misc Non-Reimbursable	780		780			84			300			
100.01	Community Health/Public Rel						301			3		8,419	
100.02	Meals On Wheels											10,383	
TOTAL		70,434	411,083	68,748	45,149	24,071	0	8,767	6,034,874	934,919	354,115,036	4,311	0
COST TO BE ALLOCATED		1,333,967	98,066	1,983,665	1,227,408	1,439,492	0	1,629,837	908,129	2,043,813	1,878,596	380,208	0
UNIT COST MULTIPLIER - SCH 8		18.939251	0.238556	28.854143	27.185715	59.801903	0.000000	185.905867	0.150480	2.186085	0.005305	88.194852	0.000000

Provider Name:

Fiscal Period Ended:

ST. LOUISE REGIONAL HOSPITAL

JUNE 30, 2009

STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
19.02	19.03	21.00	21.01	22.00	23.00	24.00

GENERAL SERVICE COST CENTERS

1.00 Old Capital Related Costs - Building and Fixtures
 2.00 Old Capital Related Costs - Movable Equipment
 3.00 New Capital Related Costs - Building and Fixtures
 4.00 New Capital Related Costs - Movable Equipment
 4.01
 4.02
 4.03
 4.04
 4.05
 4.06
 4.07
 4.08
 5.00 Employee Benefits
 6.01 Non-Patient Telephones
 6.02 Data Processing
 6.03 Purchasing/Receiving
 6.04 Patient Admitting
 6.05 Outpatient Registration
 6.06
 6.07
 6.08
 6.00 Administrative and General
 7.00 Maintenance and Repairs
 8.00 Operation of Plant
 9.00 Laundry and Linen Service
 10.00 Housekeeping
 11.00 Dietary
 12.00 Cafeteria
 13.00 Maintenance of Personnel
 14.00 Nursing Administration
 15.00 Central Services and Supply
 16.00 Pharmacy
 17.00 Medical Records and Library
 18.00 Social Service
 19.00
 19.02
 19.03
 21.00 Nursing School
 21.01 Clinical Pastoral Education
 22.00 Intern and Res Service - Salary and Fringes
 23.00 Intern and Res - Other Program
 24.00 Paramedical Ed Program
INPATIENT ROUTINE COST CENTERS
 25.00 Adults and Pediatrics (Gen Routine)
 26.00 Intensive Care Unit
 27.00 Coronary Care Unit
 28.00 Neonatal Intensive Care Unit
 29.00 Surgical Intensive Care
 31.00 Subprovider I
 31.01 Subprovider 2 Psych
 32.00
 33.00 Nursery
 34.00 Medicare Certified Nursing Facility
 35.00 Distinct Part Nursing Facility
 36.00 Adult Subacute Care Unit
 36.01 Subacute Care Unit II
 36.02 Transitional Care Unit

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Capital Related Costs - Building and Fixtures	\$	\$ 0	\$ 0
2.00	Old Capital Related Costs - Movable Equipment		0	0
3.00	New Capital Related Costs - Building and Fixtures	1,899,676	(203,281)	1,696,395
4.00	New Capital Related Costs - Movable Equipment	2,396,730	(64,960)	2,331,770
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	12,948,065	52,537	13,000,602
6.01	Non-Patient Telephones	165,996	(11,177)	154,819
6.02	Data Processing	1,722,403	0	1,722,403
6.03	Purchasing/Receiving	382,196	0	382,196
6.04	Patient Admitting	531,488	(38,501)	492,987
6.05	Outpatient Registration	466,152	38,501	504,653
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	9,720,607	(83,605)	9,637,002
7.00	Maintenance and Repairs	2,114,532	0	2,114,532
8.00	Operation of Plant	918,040	0	918,040
9.00	Laundry and Linen Service	82,312	0	82,312
10.00	Housekeeping	1,190,914	0	1,190,914
11.00	Dietary	456,350	0	456,350
12.00	Cafeteria	745,245	0	745,245
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,025,808	0	1,025,808
15.00	Central Services and Supply	408,687	0	408,687
16.00	Pharmacy	864,625	0	864,625
17.00	Medical Records and Library	1,098,220	0	1,098,220
18.00	Social Service	223,263	0	223,263
19.00			0	0
19.02			0	0
19.03			0	0
21.00	Nursing School		0	0
21.01	Clinical Pastoral Education		0	0
22.00	Intern and Res Service - Salary and Fringes		0	0
23.00	Intern and Res - Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics (Gen Routine)	8,090,282	0	8,090,282
26.00	Intensive Care Unit	3,019,857	0	3,019,857
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
31.00	Subprovider 1		0	0
31.01	Subprovider 2 Psych		0	0
32.00			0	0
33.00	Nursery	941,888	0	941,888
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 2,771,371	\$ 0	\$ 2,771,371
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	903,082	0	903,082
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	2,994,894	0	2,994,894
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	172,844	0	172,844
44.00	Laboratory	3,214,212	0	3,214,212
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
49.00	Respiratory Therapy	1,395,933	0	1,395,933
50.00	Physical Therapy	625,034	0	625,034
51.00	Occupational Therapy		0	0
52.00	Speech Pathology		0	0
53.00	Electrocardiology		0	0
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	3,670,012	0	3,670,012
56.00	Drugs Charged to Patients	897,514	0	897,514
57.00	Renal Dialysis	97,492	0	97,492
58.00	ASC (Non-Distinct Part)		0	0
58.01	Professional Services		0	0
58.02			0	0
59.00			0	0
59.01			0	0
59.02			0	0
60.00	Clinic	1,155,423	0	1,155,423
60.01	PEDS Clinic		0	0
61.00	Emergency	4,055,902	0	4,055,902
62.00	Observation Beds		0	0
65.00	FQHC 6		0	0
65.00	Melanoma Center		0	0
70.00	Emergency		0	0
71.00	Observation Beds		0	0
80.00			0	0
81.00			0	0
	SUBTOTAL	\$ 73,367,049	\$ (310,486)	\$ 73,056,563
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen	39,415	0	39,415
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
99.06			0	0
99.07			0	0
100.00	Misc Non-Reimbursable	82,910	0	82,910
100.01	Community Health/Public Rel	778,433	0	778,433
100.02	Meals On Wheels		0	0
100.99	SUBTOTAL	\$ 900,758	\$ 0	\$ 900,758
101	TOTAL	\$ 74,267,807	\$ (310,486)	\$ 73,957,321

(To Schedule 8)

Provider Name							Fiscal Period			Provider Numbers		Adjustments
ST. LOUISE REGIONAL HOSPITAL							JULY 1, 2008 THROUGH JUNE 30, 2009			HSP30688I		15
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
1							<p style="text-align: center;"><u>MEMORANDUM ADJUSTMENT</u></p> <p>The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W & I Code, Sections 14105.19 and 14166.245</p>					

Provider Name							Fiscal Period	Provider Numbers		Adjustments
ST. LOUISE REGIONAL HOSPITAL							JULY 1, 2008 THROUGH JUNE 30, 2009	HSP30688I		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>RECLASSIFICATION OF REPORTED COSTS</u>										
2	10A	A			6.04	7	Admitting	\$531,488	(\$38,501)	\$492,987
	10A	A			6.05	7	Outpatient Registration	466,152	38,501	504,653
							To reclassify costs from Admitting to Outpatient Registration for proper cost allocation.			
							CMS Pub. 15-1, Sections 2304 and 2306			

Provider Name							Fiscal Period	Provider Numbers		Adjustments
ST. LOUISE REGIONAL HOSPITAL							JULY 1, 2008 THROUGH JUNE 30, 2009	HSP30688I		15
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 COSTS										
3	10A	A			6.06	7	Administrative and General To eliminate the reported physician recruitment expenses to agree with the provider's general ledger. CMS Pub. 15-1, Sections 2300 and 2304	\$9,720,607	(\$23,667)	\$9,696,940 *
4	10A	A			4.00	7	New Capital Related Costs - Movable Equipment	\$2,396,730	\$213	\$2,396,943 *
	10A	A			5.00	7	Employee Benefits	12,948,065	(5,701)	12,942,364 *
	10A	A			6.01	7	Non-Patient Telephones To adjust non-patient telephone expenses to agree with the provider's records. CMS Pub. 15-1, Section 2304	165,996	(11,177)	154,819
5	10A	A			6.06	7	Administrative and General To reverse the provider's W/S A-8 adjustment on start up cost amortization as the cost was fully amortized in FY 2005. CMS Pub. 15-1, Sections 102 and 2304	\$9,696,940	(\$59,938)	\$9,637,002
6	10A	A			5.00	7	Employee Benefits To adjust workers' compensation to the amount allowable based upon audited actuarial report and experience modifications. CMS Pub. 15-1, Section 2304	\$12,942,364	\$58,238	\$13,000,602
7	10A	A			3.00	7	New Capital Related Costs - Building and Fixtures	\$1,899,676	(\$203,281)	\$1,696,395
	10A	A			4.00	7	New Capital Related Costs - Movable Equipment To adjust reported interest expense related to the acquisition of South Valley Hospital, to allow only the interest expense applicable to the allowable acquisition cost of the hospital. CMS Pub. 15-1, Sections 2300 and 2304 42 CFR, Section 413.153(d)(i)	2,396,943	(65,173)	2,331,770

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider Numbers		Adjustments
ST. LOUISE REGIONAL HOSPITAL							JULY 1, 2008 THROUGH JUNE 30, 2009			HSP30688I		15
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
ADJUSTMENT TO REPORTED STATISTICS												
8	9	B-1			6.06	3,4	Administrative and General	(Square Feet)	6,894	565	7,459	
	9	B-1			14.00	3,4,7,8,10	Nursing Administration		197	26	223	
	9	B-1			17.00	3,4,7,8,10	Medical Records and Library		1,076	249	1,325	
	9	B-1			3.00	3	Total - Square Feet		83,600	840	84,440	
	9	B-1			4.00	4	Total - Square Feet		83,600	840	84,440	
	9	B-1			7.00	7	Total - Square Feet		72,636	275	72,911	
	9	B-1			8.00	8	Total - Square Feet		70,159	275	70,434	
	9	B-1			10.00	10	Total - Square Feet		68,473	275	68,748	
To establish the correct square footage in order to properly allocate indirect costs. CMS Pub. 15-1, Sections 2300, 2304, and 2306												

Provider Name							Fiscal Period	Provider Numbers		Adjustments
ST. LOUISE REGIONAL HOSPITAL							JULY 1, 2008 THROUGH JUNE 30, 2009	HSP30688I		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>										
9	4	D-1	I		1.00, 4.00	1	Adults and Pediatrics To adjust total patient days to agree with the provider's patient census reports. CMS Pub. 15-1, Sections 2205, 2300, and 2304	10,874	226	11,100

Provider Name							Fiscal Period	Provider Numbers		Adjustments
ST. LOUISE REGIONAL HOSPITAL							JULY 1, 2008 THROUGH JUNE 30, 2009	HSP30688I		15
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 - NONCONTRACT										
10	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adult and Pediatrics	1,465	82	1,547
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	668	9	677
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	169	8	177
11	4A	Not Reported					Administrative Days	0	61	61
	4A	Not Reported					Administrative Day Rate	\$0	\$332.36	\$332.36
12	6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$3,611,901	(\$39,623)	\$3,572,278
	6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	1,331,240	(22,402)	1,308,838
	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,286,305	106,214	1,392,519
	6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	13,681	(295)	13,386
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	1,865,405	133,269	1,998,674
	6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	504,682	(15,879)	488,803
	6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	71,229	52,685	123,914
	6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	2,230,877	21,216	2,252,093
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,438,125	118,363	2,556,488
	6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	68,182	5,676	73,858
	6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	998,209	34,367	1,032,576
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	14,419,836	393,591	14,813,427
13	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$12,131,288	\$302,642	\$12,433,930
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	14,419,836	393,591	14,813,427
14	3	E-3	III	XIX	33.00	1	Patient and Third Party Liability	\$0	\$11,167	\$11,167
	3	E-3	III	XIX	36.00	1	Coinsurance	0	96,102	96,102
	1	E-3	III	XIX	57.00	1	Interim Payments	6,285,838	356,059	6,641,897
To adjust Medi-Cal Settlement Data to agree with the following SURS Paid Claims Summary: Report Date: May 13, 2011 Payment Period: July 1, 2008 through May 10, 2011 Service Period: July 1, 2008 through June 30, 2009 CMS Pub. 15-1, Sections 2304 and 2408.3 CCR, Title 22, Sections 51511 and 51542										

Provider Name							Fiscal Period		Provider Numbers		Adjustments
ST. LOUISE REGIONAL HOSPITAL							JULY 1, 2008 THROUGH JUNE 30, 2009		HSP30688I		15
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 OTHER MATTERS</u>											
15	3	Not Reported					Routine Services - Late Billing Penalty To include an adjustment for late billing penalties applicable to late billed routine services. Title 22, CCR, Section 51458.1 CMS Pub. 15-1, Sections 2304 and 2408 W & I Code, Section 14115	\$0	\$27,523	\$27,523	