

**REPORT  
ON THE  
COST REPORT REVIEW  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER  
BURBANK, CALIFORNIA  
PROVIDER NUMBERS: HSC/ZZT30235G, NPI 1336173269,  
LTC55046F AND NPI 1700808383  
FISCAL PERIOD ENDED  
DECEMBER 31, 2008**

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

**Section Chief: Daniel J. Giardinelli  
Audit Supervisor: Celia Avina  
Auditor: Alison Dowling**



DAVID MAXWELL-JOLLY  
*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

April 29, 2010

Administrator  
Providence Saint Joseph Medical Center  
501 South Buena Vista Street  
Burbank, CA 91505-4866

PROVIDER: PROVIDENCE SAINT JOSEPH MEDICAL CENTER  
PROVIDER NOS. HSC 30235G / NPI 1336173269  
FISCAL PERIOD ENDED DECEMBER 31, 2008

We have examined the Provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal Paid Claims Summary Report, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$10,767, 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 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(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s)

of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Future Distinct Part Nursing Facility prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Rate Development Branch.

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

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

Chief  
Office of Administrative Appeals and Hearings  
1029 J Street, Suite 200  
Sacramento, CA 95814-2825  
(916) 322-5603

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

**United States Postal Service (USPS)**

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

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

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

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

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

**Original Signed By**

Daniel J. Giardinelli, Chief  
Audits Section—Burbank  
Financial Audits Branch

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider No. ZZT30235G</b>		
Reported	\$ 0	
Net Change	\$ (8,222)	
Audited Amount Due Provider (State)	\$ (8,222)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider No.</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider No.</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider No. HSC30235G</b>		
Reported		\$ 34,223,337
Net Change		\$ (3,504,834)
Audited Cost		\$ 30,718,503
Audited Amount Due Provider (State)	\$ (2,545)	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider No. LTC55046F</b>		
Reported		\$ 1,049.51
Net Change		\$ (87.97)
Audited Cost Per Day		\$ 961.54
Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider No.</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider No.</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ (10,767)	
<b>9. Total Medi-Cal Cost</b>		\$ 30,718,503

**SUMMARY OF FINDINGS**

**Provider Name:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider (State) - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (10,767)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT30235G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 14,625
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ _____ 0	\$ _____ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ _____ 0	\$ _____ 0
4.	\$ _____ 0	\$ _____ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ _____ 0	\$ _____ 14,625
6. Interim Payments (Adj 8)	\$ _____ 0	\$ _____ (22,847)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ (8,222)
8. Duplicate Payments (Adj )	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (8,222)
		(To Summary of Findings)

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No.  
ZZT30235G

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 14,625

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 7) \$ 0 \$ 45,347

3. Inpatient Ancillary Service Charges (Adj 7) \$ 0 \$ 93,046

4. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 138,393

5. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 0 \$ 123,7686. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0  
(To Schedule 1)

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

COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT30235G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>0</u>	\$ <u>9,423</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>0</u>	\$ <u>5,202</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch )	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>0</u>	\$ <u>14,625</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>0</u>	\$ <u>14,625</u>
		(To Schedule 2)
9. Coinsurance (Adj )	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj )	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>0</u></u>	\$ <u><u>14,625</u></u>
		(To Schedule 1)



COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No.  
ZZT30235G

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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## INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 3)	75,954	81,117
2. Inpatient Days (include private, exclude swing-bed)	75,954	81,117
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 3)	75,954	81,117
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 25, Col 27)	\$ 70,941,623	\$ 78,085,239
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)	\$ 70,941,623	\$ 78,085,239

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj 4)	\$ 252,874,883	\$ 268,025,484
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 60,098,299	\$ 75,248,900
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.280540	\$ 0.291335
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)	\$ 791.25	\$ 927.66
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)	\$ 70,941,623	\$ 78,085,239

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 934.01	\$ 962.62
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 5,202
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 5,202

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT30235G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,163,347	\$ 2,130,445
2. Total Inpatient Days (Adj )	7,137	7,137
3. Average Per Diem Cost	\$ 303.12	\$ 298.51
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 19,631,646	\$ 20,125,067
7. Total Inpatient Days (Adj )	10,269	10,269
8. Average Per Diem Cost	\$ 1,911.74	\$ 1,959.79
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 8,863,014	\$ 8,970,540
17. Total Inpatient Days (Adj )	5,677	5,677
18. Average Per Diem Cost	\$ 1,561.21	\$ 1,580.16
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS (March 2008)</b>		
26. Per Diem Rate (Adj 5)	\$ 0.00	\$ 318.19
27. Medi-Cal Inpatient Days (Adj 5)	0	2
28. Cost Applicable to Medi-Cal	\$ 0	\$ 636
<b>ADMINISTRATIVE DAYS (October 2008)</b>		
29. Per Diem Rate (Adj 5)	\$ 0.00	\$ 351.26
30. Medi-Cal Inpatient Days (Adj 5)	0	13
31. Cost Applicable to Medi-Cal	\$ 0	\$ 4,566
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 5,202

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No.  
ZZT30235G

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:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
ZZT30235G

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
37.00	Operating Room	\$ 24,329,934	\$ 180,082,384	0.135104	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	7,591,923	49,448,240	0.153533	0	0
41.00	Radiology - Diagnostic	12,203,911	79,795,557	0.152940	2,745	420
42.00	Radiology - Therapeutic	9,857,525	42,043,680	0.234459	0	0
43.00	Radioisotope	3,923,269	27,341,901	0.143489	0	0
43.01	CT Scan	3,325,183	89,478,839	0.037162	0	0
43.02	Magnetic Resonance Imaging (MRI)	3,355,996	59,388,799	0.056509	0	0
43.03	Ultrasound	1,135,900	19,078,249	0.059539	0	0
44.00	Laboratory	26,198,270	225,493,333	0.116182	37,941	4,408
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	5,746,499	10,847,914	0.529733	0	0
49.00	Respiratory Therapy	7,367,542	93,209,117	0.079043	0	0
49.01	Cardiac Catheterization Laboratory	4,754,704	48,984,124	0.097066	0	0
49.02	Cardiac Rehab	1,146,604	1,665,220	0.688560	0	0
50.00	Physical Therapy	5,990,053	37,962,117	0.157790	851	134
51.00	Occupational Therapy	3,806,897	10,647,145	0.357551	0	0
52.00	Speech Pathology	783,764	4,075,647	0.192304	0	0
53.00	Electrocardiology	1,817,146	44,267,086	0.041050	0	0
54.00	Electroencephalography	548,650	4,426,498	0.123947	0	0
55.00	Medical Supplies Charged to Patients	29,942,771	87,106,201	0.343750	0	0
56.00	Drugs Charged to Patients	22,758,850	262,793,605	0.086604	51,509	4,461
57.00	Renal Dialysis	1,616,543	4,283,730	0.377368	0	0
59.00	Gastro Intestinal Services	3,713,732	20,008,695	0.185606	0	0
59.01	Pulmonary Function Testing	961,407	20,982,335	0.045820	0	0
59.02	Vascular Lab	1,103,873	10,129,116	0.108980	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	5,441,172	3,923,477	1.386824	0	0
60.01	Urgent Clinic	642,442	1,294,197	0.496402	0	0
60.04	Diabetes/Wound/Ostomy Programs	760,391	921,898	0.824811	0	0
61.00	Emergency	12,040,083	71,832,531	0.167613	0	0
62.00	Observation Beds (Non-Distinct Part)	0	2,510,239	0.000000	0	0
71.00	Home Health Agency	5,830,335	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
<b>TOTAL</b>		<b>\$ 208,695,370</b>	<b>\$ 1,514,021,874</b>		<b>\$ 93,046</b>	<b>\$ 9,423</b>

(To Schedule 3)

\* From Schedule 8, Column 27



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

**Provider Name:**  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

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

**Provider No:**  
ZZT30235G

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
40.00	Anesthesiology	\$ 0	\$ 0	0.000000	\$	\$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	0	0	0.000000		0
53.00	Electrocardiology	0	0	0.000000		0
54.00	Electroencephalography	0	0	0.000000		0
61.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Schedule 3)

## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC30235G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>34,223,337</u>	\$ <u>30,718,503</u>
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>34,223,337</u>	\$ <u>30,718,503</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>34,223,337</u>	\$ <u>30,718,503</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj 15)	\$ <u>0</u>	\$ <u>(2,545)</u>
10. Medi-Cal Credit Balances (Adj )	\$ <u>0</u>	\$ <u>0</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>(2,545)</u>
	(To Summary of Findings)	

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

**Provider Name:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

**Provider No:**  
**HSC30235G**

<b>REPORTED</b>
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<b>AUDITED</b>
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**REASONABLE COST OF MEDI-CAL INPATIENT SERVICES**

1. Cost of Covered Services (Contract Sch 3)	\$ <u>34,223,337</u>	\$ <u>31,266,092</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adj 11)	\$ <u>60,061,192</u>	\$ <u>57,385,207</u>
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3. Inpatient Ancillary Service Charges (Adj 11)	\$ <u>143,077,640</u>	\$ <u>118,393,205</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>203,138,832</u>	\$ <u>175,778,412</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>168,915,495</u>	\$ <u>144,512,320</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
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(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:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

**Provider No:**  
**HSC30235G**

	<b>REPORTED</b>	<b>AUDITED</b>
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>15,700,753</u>	\$ <u>16,222,148</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>18,522,584</u>	\$ <u>15,043,944</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch )	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>34,223,337</u>	\$ <u>31,266,092</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>34,223,337</u>	\$ <u>31,266,092</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 12)	\$ <u>0</u>	\$ <u>(50,557)</u>
10. Patient and Third Party Liability (Adj 12)	\$ <u>0</u>	\$ <u>(497,032)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>34,223,337</u>	\$ <u>30,718,503</u>
	(To Contract Sch 1)	

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

**Provider Name:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

**Provider No:**  
**HSC30235G**

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

REPORTED	AUDITED
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**INPATIENT DAYS**

1. Total Inpatient Days (include private & swing-bed) (Adj 3)	75,954	81,117
2. Inpatient Days (include private, exclude swing-bed)	75,954	81,117
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 3)	75,954	81,117
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 9)	12,287	9,258

**SWING-BED ADJUSTMENT**

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 70,941,623	\$ 78,085,239
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)	\$ 70,941,623	\$ 78,085,239

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj 4)	\$ 252,874,883	\$ 268,025,484
29. Private Room Charges (excluding swing-bed charges)(Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj 4)	\$ 60,098,299	\$ 75,248,900
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.280540	\$ 0.291335
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)	\$ 791.25	\$ 927.66
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)	\$ 70,941,623	\$ 78,085,239

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 934.01	\$ 962.62
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 11,476,181	\$ 8,911,936
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 7,046,403	\$ 6,132,008
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 18,522,584	\$ 15,043,944

(To Contract Sch 3)

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

**Provider Name:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

**Provider No:**  
**HSC30235G**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,163,347	\$ 2,130,445
2. Total Inpatient Days (Adj )	7,137	7,137
3. Average Per Diem Cost	\$ 303.12	\$ 298.51
4. Medi-Cal Inpatient Days (Adj 9)	3,135	2,507
5. Cost Applicable to Medi-Cal	\$ 950,281	\$ 748,365
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 19,631,646	\$ 20,125,067
7. Total Inpatient Days (Adj )	10,269	10,269
8. Average Per Diem Cost	\$ 1,911.74	\$ 1,959.79
9. Medi-Cal Inpatient Days (Adj 9)	1,384	1,228
10. Cost Applicable to Medi-Cal	\$ 2,645,848	\$ 2,406,622
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 8,863,014	\$ 8,970,540
17. Total Inpatient Days (Adj )	5,677	5,677
18. Average Per Diem Cost	\$ 1,561.21	\$ 1,580.16
19. Medi-Cal Inpatient Days (Adj 9)	2,210	1,884
20. Cost Applicable to Medi-Cal	\$ 3,450,274	\$ 2,977,021
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 7,046,403	\$ 6,132,008

(To Contract Sch 4)

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

**Provider Name:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

**Provider No:**  
**HSC30235G**

<b>SPECIAL CARE UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
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:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC30235G

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
37.00	Operating Room	\$ 24,329,934	\$ 180,082,384	0.135104	\$ 7,310,856	\$ 987,729
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	7,591,923	49,448,240	0.153533	16,535,357	2,538,718
41.00	Radiology - Diagnostic	12,203,911	79,795,557	0.152940	4,162,405	636,597
42.00	Radiology - Therapeutic	9,857,525	42,043,680	0.234459	232,748	54,570
43.00	Radioisotope	3,923,269	27,341,901	0.143489	1,015,213	145,672
43.01	CT Scan	3,325,183	89,478,839	0.037162	3,169,018	117,766
43.02	Magnetic Resonance Imaging (MRI)	3,355,996	59,388,799	0.056509	1,710,744	96,672
43.03	Ultrasound	1,135,900	19,078,249	0.059539	1,113,191	66,278
44.00	Laboratory	26,198,270	225,493,333	0.116182	25,455,995	2,957,529
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	5,746,499	10,847,914	0.529733	1,231,589	652,413
49.00	Respiratory Therapy	7,367,542	93,209,117	0.079043	6,152,357	486,302
49.01	Cardiac Catheterization Laboratory	4,754,704	48,984,124	0.097066	3,221,880	312,736
49.02	Cardiac Rehab	1,146,604	1,665,220	0.688560	0	0
50.00	Physical Therapy	5,990,053	37,962,117	0.157790	2,395,974	378,061
51.00	Occupational Therapy	3,806,897	10,647,145	0.357551	140,826	50,352
52.00	Speech Pathology	783,764	4,075,647	0.192304	176,421	33,926
53.00	Electrocardiology	1,817,146	44,267,086	0.041050	3,407,441	139,874
54.00	Electroencephalography	548,650	4,426,498	0.123947	171,004	21,195
55.00	Medical Supplies Charged to Patients	29,942,771	87,106,201	0.343750	9,817,618	3,374,808
56.00	Drugs Charged to Patients	22,758,850	262,793,605	0.086604	25,705,497	2,226,186
57.00	Renal Dialysis	1,616,543	4,283,730	0.377368	646,270	243,882
59.00	Gastro Intestinal Services	3,713,732	20,008,695	0.185606	255,452	47,413
59.01	Pulmonary Function Testing	961,407	20,982,335	0.045820	392,093	17,966
59.02	Vascular Lab	1,103,873	10,129,116	0.108980	519,619	56,628
59.03		0	0	0.000000	0	0
60.00	Clinic	5,441,172	3,923,477	1.386824	0	0
60.01	Urgent Clinic	642,442	1,294,197	0.496402	0	0
60.04	Diabetes/Wound/Ostomy Programs	760,391	921,898	0.824811	0	0
61.00	Emergency	12,040,083	71,832,531	0.167613	3,453,637	578,875
62.00	Observation Beds (Non-Distinct Part)	0	2,510,239	0.000000	0	0
71.00	Home Health Agency	5,830,335	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
	TOTAL	\$ 208,695,370	\$ 1,514,021,874		\$ 118,393,205	\$ 16,222,148

(To Contract Sch 3)

\* From Schedule 8, Column 27

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC30235G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 10)	AUDITED
37.00	Operating Room	\$ 12,691,268	\$ (5,380,412)	\$ 7,310,856
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	22,614,618	(6,079,261)	16,535,357
41.00	Radiology - Diagnostic	5,682,775	(1,520,370)	4,162,405
42.00	Radiology - Therapeutic	393,252	(160,504)	232,748
43.00	Radioisotope	2,090,390	(1,075,177)	1,015,213
43.01	CT Scan	3,808,786	(639,768)	3,169,018
43.02	Magnetic Resonance Imaging (MRI)	2,422,060	(711,316)	1,710,744
43.03	Ultrasound	1,384,522	(271,331)	1,113,191
44.00	Laboratory	26,046,848	(590,853)	25,455,995
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	0	0	0
47.00	Blood Storing and Processing	10,786	1,220,803	1,231,589
49.00	Respiratory Therapy	14,170,297	(8,017,940)	6,152,357
49.01	Cardiac Catherization Laboratory	4,602,517	(1,380,637)	3,221,880
49.02	Cardiac Rehab	47,970	(47,970)	0
50.00	Physical Therapy	2,054,741	341,233	2,395,974
51.00	Occupational Therapy	131,626	9,200	140,826
52.00	Speech Pathology	212,757	(36,336)	176,421
53.00	Electrocardiology	4,867,595	(1,460,154)	3,407,441
54.00	Electroencephalography	1,102,985	(931,981)	171,004
55.00	Medical Supplies Charged to Patients	44,494	9,773,124	9,817,618
56.00	Drugs Charged to Patients	29,692,119	(3,986,622)	25,705,497
57.00	Renal Dialysis	839,196	(192,926)	646,270
59.00	Gastro Intestinal Services	557,961	(302,509)	255,452
59.01	Pulmonary Function Testing	2,551,424	(2,159,331)	392,093
59.02	Vascular Lab	715,411	(195,792)	519,619
59.03		0	0	0
60.00	Clinic	17,848	(17,848)	0
60.01	Urgent Clinic	310	(310)	0
60.04	Diabetes/Wound/Ostomy Programs	20,100	(20,100)	0
61.00	Emergency	4,302,984	(849,347)	3,453,637
62.00	Observation Beds (Non-Distinct Part)			0
71.00	Home Health Agency			0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 143,077,640	\$ (24,684,435)	\$ 118,393,205

(To Contract Sch 5)



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

**Provider Name:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

**Provider No:**  
**LTC55046F**

	<b>REPORTED</b>	<b>AUDITED</b>	<b>DIFFERENCE</b>
<b>COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM</b>			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 3,512,290	\$ 2,096,705	\$ (1,415,585)
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 7,504,413	\$ 7,996,539	\$ 492,125
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 11,016,703	\$ 10,093,244	\$ (923,460)
4. Total Distinct Part Patient Days (Adj )	10,497	10,497	0
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 1,049.51	\$ 961.54	\$ (87.97)
<b>DPNF OVERPAYMENT AND OVERBILLINGS</b>			
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)		
<b>GENERAL INFORMATION</b>			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	71	71	0
10. Total Licensed Capacity (All levels) (Adj )	448	448	0
11. Total Medi-Cal DP Patient Days (Adj 13)	1,376	925	(451)
<b>CAPITAL RELATED COST</b>			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 1,095,172	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 1,095,172	N/A
<b>TOTAL SALARY &amp; BENEFITS</b>			
15. Direct Salary & Benefits Expenses	N/A	\$ 3,177,151	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,579,178	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 4,756,329	N/A



## SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
LTC55046F

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 3,684,569	\$ 3,684,569	\$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures	0	0	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	42,899	42,899	0
4.00	New Cap Rel Costs-Movable Equipment	645,522	710,960	65,438
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	741,293	427,685	(313,608)
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	637,004	1,228,944	591,940
7.00	Maintenance and Repairs	116,977	126,682	9,705
8.00	Operation of Plant	359,792	407,354	47,562
9.00	Laundry and Linen Service	64,466	73,012	8,546
10.00	Housekeeping	210,630	223,106	12,476
11.00	Dietary	393,366	429,154	35,788
12.00	Cafeteria	65,383	68,536	3,153
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	151,825	158,607	6,782
15.00	Central Services & Supply	0	0	0
16.00	Pharmacy	8,838	9,122	284
17.00	Medical Records and Library	70,934	77,037	6,103
18.00	Social Service	310,915	328,870	17,955
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 7,504,413	\$ 7,996,539	\$ 492,125

(To DPNF Sch 1)

\* From Schedule 8, Part I, line 34 plus line 35.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:  
 PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
 DECEMBER 31, 2008

Provider No:  
 LTC55046F

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
					(From DPNF Sch 4)	
37.00	Operating Room	\$ 24,329,934	\$ 180,082,384	0.135104	\$ 0	\$ 0
41.00	Radiology - Diagnostic	12,203,911	79,795,557	0.152940	0	0
42.00	Radiology - Therapeutic	9,857,525	42,043,680	0.234459	0	0
43.00	Radioisotope	3,923,269	27,341,901	0.143489	0	0
43.01	CT Scan	3,325,183	89,478,839	0.037162	0	0
43.02	Magnetic Resonance Imaging (MRI)	3,355,996	59,388,799	0.056509	0	0
43.03	Ultrasound	1,135,900	19,078,249	0.059539	0	0
44.00	Laboratory	26,198,270	225,493,333	0.116182	0	0
49.00	Respiratory Therapy	7,367,542	93,209,117	0.079043	7,771,847	614,311
49.01	Cardiac Catheterization Laboratory	4,754,704	48,984,124	0.097066	0	0
49.02	Cardiac Rehab	1,146,604	1,665,220	0.688560	0	0
50.00	Physical Therapy	5,990,053	37,962,117	0.157790	0	0
51.00	Occupational Therapy	3,806,897	10,647,145	0.357551	0	0
52.00	Speech Pathology	783,764	4,075,647	0.192304	0	0
53.00	Electrocardiology	1,817,146	44,267,086	0.041050	0	0
54.00	Electroencephalography	548,650	4,426,498	0.123947	0	0
56.00	Drugs Charged to Patients	22,758,850	262,793,605	0.086604	17,117,019	1,482,394
57.00	Renal Dialysis	1,616,543	4,283,730	0.377368	0	0
59.00	Gastro Intestinal Services	3,713,732	20,008,695	0.185606	0	0
59.01	Pulmonary Function Testing	961,407	20,982,335	0.045820	0	0
59.02	Vascular Lab	1,103,873	10,129,116	0.108980	0	0
60.00	Clinic	5,441,172	3,923,477	1.386824	0	0
60.04	Diabetes/Wound/Ostomy Programs	760,391	921,898	0.824811	0	0
61.00	Emergency	12,040,083	71,832,531	0.167613	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	\$ 158,941,400	\$ 1,362,815,083		\$ 24,888,866	\$ 2,096,705

(To DPNF Sch 1)

\* From Schedule 8, Column 27.  
 \*\* Total Distinct Part Ancillary Charges included in the rate.  
 \*\*\* Total Distinct Part Ancillary Costs included in the rate.



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

**Provider Name:**  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

**Provider No:**  
**LTC55046F**

<b>COL.</b>	<b>COST CENTER</b>	<b>AUDITED CAP RELATED * (COL 1)</b>	<b>AUDITED SAL &amp; EMP BENEFITS * (COL 2)</b>
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	42,899	N/A
4.00	New Cap Rel Costs-Movable Equipment	710,960	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	4,197	423,488
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	67,281	334,891
7.00	Maintenance and Repairs	9,697	48,270
8.00	Operation of Plant	101,520	58,441
9.00	Laundry and Linen Service	17,981	10,038
10.00	Housekeeping	18,875	133,862
11.00	Dietary	83,492	184,241
12.00	Cafeteria	10,171	52,409
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	7,543	110,607
15.00	Central Services & Supply	0	0
16.00	Pharmacy	418	7,429
17.00	Medical Records and Library	7,654	29,001
18.00	Social Service	12,484	186,501
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101	<b>TOTAL ALLOCATED INDIRECT EXPENSES</b>	<b>\$ 1,095,172</b>	<b>\$ 1,579,178</b>

\* These amounts include both Skilled Nursing Facility expenses, line 34 and Nursing Facility expenses, line 35.

(To DPNF SCH 1)







STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CEN

Fiscal Period Ended:  
DECEMBER 31, 2008

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.00
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	0	1,080,428	0	0	0	0	0	0	0	0	16,801,803	4,243,318
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	477,919	0	0	0	0	0	0	0	0	5,266,196	1,329,985
41.00	Radiology - Diagnostic	0	577,841	0	0	0	0	0	0	0	0	8,615,612	2,175,885
42.00	Radiology - Therapeutic	0	313,607	0	0	0	0	0	0	0	0	6,512,340	1,644,700
43.00	Radioisotope	0	180,217	0	0	0	0	0	0	0	0	2,749,845	694,477
43.01	CT Scan	0	148,852	0	0	0	0	0	0	0	0	2,238,551	565,349
43.02	Magnetic Resolution Imaging (MRI)	0	144,940	0	0	0	0	0	0	0	0	2,243,632	566,632
43.03	Ultrasound	0	82,515	0	0	0	0	0	0	0	0	826,748	208,796
44.00	Laboratory	0	1,383,715	0	0	0	0	0	0	0	0	19,383,811	4,895,408
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	282,455	0	0	0	0	0	0	0	0	4,371,503	1,104,029
49.00	Respiratory Therapy	0	538,118	0	0	0	0	0	0	0	0	5,456,692	1,378,095
49.01	Cardiac Catheterization Laboratory	0	194,901	0	0	0	0	0	0	0	0	3,446,625	870,450
49.02	Cardiac Rehab	0	71,521	0	0	0	0	0	0	0	0	811,697	204,995
50.00	Physical Therapy	0	4,704	0	0	0	0	0	0	0	0	4,315,975	1,090,005
51.00	Occupational Therapy	0	146,385	0	0	0	0	0	0	0	0	2,757,967	696,528
52.00	Speech Pathology	0	62,205	0	0	0	0	0	0	0	0	587,597	148,398
53.00	Electrocardiology	0	109,683	0	0	0	0	0	0	0	0	1,194,038	301,556
54.00	Electroencephalography	0	30,857	0	0	0	0	0	0	0	0	375,196	94,756
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	21,436,497	5,413,817
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	12,177,170	3,075,361
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	1,277,125	322,540
59.00	Gastro Intestinal Services	0	210,424	0	0	0	0	0	0	0	0	2,693,460	680,237
59.01	Pulmonary Function Testing	0	56,808	0	0	0	0	0	0	0	0	670,564	169,352
59.02	Vascular Lab	0	29,928	0	0	0	0	0	0	0	0	709,328	179,142
59.03	0	0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	357,717	0	0	0	0	0	0	0	0	3,781,714	955,077
60.01	Urgent Clinic	0	29,368	0	0	0	0	0	0	0	0	418,309	105,644
60.04	Diabetes/Wound/Ostomy Programs	0	45,313	0	0	0	0	0	0	0	0	514,616	129,967
61.00	Emergency	0	612,271	0	0	0	0	0	0	0	0	8,142,328	2,056,356
62.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	4,431,702	1,119,232
71.00	Home Health Agency	0	372,529	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	212,282	53,612
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	0
99.02	0	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	0
99.04	0	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	0
100.00	Non-Reimbursable	0	198,508	0	0	0	0	0	0	0	0	21,146,610	5,340,605
100.01	0	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0	0
100.04	OB Clinic	0	0	0	0	0	0	0	0	0	0	0	0
100.05	Visitor Meals	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>0</b>	<b>19,340,581</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>356,559,437</b>	<b>71,892,920</b>





STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CEN

Fiscal Period Ended:  
DECEMBER 31, 2008

	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	320,582	1,030,849	273,239	564,592	0	157,925	0	191,990	0	36,084	709,553	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	71,709	230,584	111,407	126,290	0	57,435	0	136,598	0	14,992	194,834	51,893
41.00 Radiology - Diagnostic	155,079	498,667	73,038	273,118	0	76,939	0	14,518	0	4,054	314,407	2,595
42.00 Radiology - Therapeutic	212,099	682,015	35,689	373,537	0	58,818	0	24,532	0	241	165,659	147,894
43.00 Radiosotope	48,780	156,854	30,762	85,908	0	45,805	0	3,067	0	39	107,731	0
43.01 CT Scan	19,576	62,947	0	34,476	0	29,973	0	11,684	0	10,067	352,560	0
43.02 Magnetic Resolution Imaging (MRI)	42,686	137,260	0	75,177	0	29,341	0	10,325	0	16,942	234,001	0
43.03 Ultrasound	1,864	5,995	0	3,283	0	13,731	0	311	0	0	75,171	0
44.00 Laboratory	128,190	412,203	343	225,762	0	256,331	0	2,756	0	4,988	888,479	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	25,588	82,280	0	45,064	0	49,596	0	25,697	0	0	42,742	0
49.00 Respiratory Therapy	14,508	46,652	0	25,551	0	78,681	0	78	0	26	367,258	0
49.01 Cardiac Catheterization Laboratory	33,865	108,895	0	59,641	0	22,800	0	16,691	0	2,733	193,005	0
49.02 Cardiac Rehab	16,936	54,457	4,312	29,826	0	7,532	0	10,287	0	1	6,561	0
50.00 Physical Therapy	72,647	233,602	304	127,943	0	0	0	0	0	0	149,577	0
51.00 Occupational Therapy	43,087	138,548	0	75,882	0	18,394	0	18,826	0	15,714	41,951	0
52.00 Speech Pathology	4,054	13,036	0	7,140	0	7,480	0	0	0	0	16,059	0
53.00 Electrocardiology	19,107	61,438	0	33,649	0	17,779	0	15,139	0	21	174,419	0
54.00 Electroencephalography	9,184	29,532	849	16,175	0	5,516	0	0	0	0	17,441	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	2,749,245	6,470,872	1,035,448	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	16,879	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Gastro Intestinal Services	21,778	70,028	49,578	38,354	0	31,903	0	45,533	0	4,024	78,837	0
59.01 Pulmonary Function Testing	4,917	15,812	0	8,660	0	9,427	0	0	0	0	82,674	0
59.02 Vascular Lab	28,166	90,568	0	49,604	0	7,156	0	0	0	0	39,910	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	72,503	233,139	81,335	127,689	0	56,906	0	97,781	0	11,784	15,459	7,784
60.01 Urgent Clinic	16,798	54,015	0	29,584	0	5,773	0	7,220	0	0	5,099	0
60.04 Diabetes/Wound/Ostomy Programs	14,527	46,712	5,176	25,584	0	5,926	0	12,305	0	0	3,632	1,946
61.00 Emergency	80,856	259,995	224,682	142,399	0	96,681	0	164,546	0	49,524	283,031	539,684
62.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Home Health Agency	21,371	68,721	0	37,638	0	56,871	0	94,792	0	7	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	35,673	114,709	0	62,825	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Non-Reimbursable	441,177	1,418,629	0	776,978	0	32,210	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.04 OB Clinic	0	0	1,404	0	0	0	0	0	0	0	0	0
100.05 Visitor Meals	0	0	0	0	0	919,524	0	0	0	0	0	0
<b>TOTAL</b>	<b>4,233,448</b>	<b>12,076,151</b>	<b>2,976,249</b>	<b>6,315,304</b>	<b>3,994,101</b>	<b>3,394,268</b>	<b>0</b>	<b>3,123,699</b>	<b>2,749,245</b>	<b>6,842,896</b>	<b>7,593,243</b>	<b>4,593,803</b>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CEN

Fiscal Period Ended:  
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT (ADJ 1) 26.00	TOTAL COST 27.00
<b>GENERAL SERVICE COST CENTER</b>											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
2.00 Old Cap Rel Costs-Movable Equipmer											
3.00 New Cap Rel Costs-Bldg & Fixtures											
4.00 New Cap Rel Costs-Movable 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 Patient Business Office											
6.06											
6.07											
6.08											
7.00 Administrative and General											
7.00 Maintenance and Repairs											
8.00 Operation of Plant											
9.00 Laundry and Linen Service											
10.00 Housekeeping											
11.00 Dietary											
12.00 Cafeteria											
13.00 Maintenance of Personnel											
14.00 Nursing Administration											
15.00 Central Services & Supply											
16.00 Pharmacy											
17.00 Medical Records and Library											
18.00 Social Service											
19.00											
19.02	0										
19.03	0										
20.00	0										
21.00 Nursing School	0				0						
22.00 Intern & Res Service-Salary & Fringes	0				0						
23.00 Intern & Res Other Program	0				0						
24.00 Paramedical Ed Program	0				0		0				
<b>INPATIENT ROUTINE COST CENTERS</b>											
25.00 Adults & Pediatrics (Gen Routine)	0				0				72,625,194	5,460,045	78,085,239
26.00 Intensive Care Unit	0				0				20,125,067		20,125,067
27.00 Coronary Care Unit	0				0				0		0
28.00	0				0				0		0
29.00	0				0				0		0
30.00 Neonatal Intensive Care Unit	0				0				8,970,540		8,970,540
31.00 Subprovider	0				0				5,460,045	(5,460,045)	(0)
32.00	0				0				0		0
33.00 Nursery	0				0				2,130,445		2,130,445
34.00 Medicare Certified Nursing Facility	0				0				7,996,539		7,996,539
35.00 Distinct Part Nursing Facility	0				0				0		0
36.00 Adult Subacute Care Unit	0				0				0		0
36.01 Subacute Care Unit II	0				0				0		0
36.02 Transitional Care Unit	0				0				0		0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTE

Fiscal Period Ended:  
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL	STEP-DOWN ADJUSTMENT (ADJ 1) 26.00	TOTAL COST
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	0	0	0	24,329,934	0	24,329,934
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	7,591,923	0	7,591,923
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	12,203,911	0	12,203,911
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	9,857,525	0	9,857,525
43.00 Radioisotope	0	0	0	0	0	0	0	0	3,923,269	0	3,923,269
43.01 CT Scan	0	0	0	0	0	0	0	0	3,325,183	0	3,325,183
43.02 Magnetic Resolution Imaging (MRI)	0	0	0	0	0	0	0	0	3,355,996	0	3,355,996
43.03 Ultrasound	0	0	0	0	0	0	0	0	1,135,900	0	1,135,900
44.00 Laboratory	0	0	0	0	0	0	0	0	26,198,270	0	26,198,270
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	5,746,499	0	5,746,499
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	7,367,542	0	7,367,542
49.01 Cardiac Catheterization Laboratory	0	0	0	0	0	0	0	0	4,754,704	0	4,754,704
49.02 Cardiac Rehab	0	0	0	0	0	0	0	0	1,146,604	0	1,146,604
50.00 Physical Therapy	0	0	0	0	0	0	0	0	5,990,053	0	5,990,053
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	3,806,897	0	3,806,897
52.00 Speech Pathology	0	0	0	0	0	0	0	0	783,764	0	783,764
53.00 Electrocardiology	0	0	0	0	0	0	0	0	1,817,146	0	1,817,146
54.00 Electroencephalography	0	0	0	0	0	0	0	0	548,650	0	548,650
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	29,942,771	0	29,942,771
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	22,758,850	0	22,758,850
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	1,616,543	0	1,616,543
59.00 Gastro Intestinal Services	0	0	0	0	0	0	0	0	3,713,732	0	3,713,732
59.01 Pulmonary Function Testing	0	0	0	0	0	0	0	0	961,407	0	961,407
59.02 Vascular Lab	0	0	0	0	0	0	0	0	1,103,873	0	1,103,873
59.03 Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01 Urgent Clinic	0	0	0	0	0	0	0	0	5,441,172	0	5,441,172
60.04 Diabetes/Wound/Ostomy Programs	0	0	0	0	0	0	0	0	642,442	0	642,442
61.00 Emergency	0	0	0	0	0	0	0	0	760,391	0	760,391
62.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	12,040,083	0	12,040,083
71.00 Home Health Agency	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	5,830,335	0	5,830,335
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	479,102	0	479,102
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00 Non-Reimbursable	0	0	0	0	0	0	0	0	29,156,209	0	29,156,209
100.01	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0
100.04 OB Clinic	0	0	0	0	0	0	0	0	1,404	0	1,404
100.05 Visitor Meals	0	0	0	0	0	0	0	0	919,524	0	919,524
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>356,559,437</b>	<b>0</b>	<b>356,559,437</b>













STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
**PROVIDENCE SAINT JOSEPH MEDICAL CENTER**

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

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (FTEs) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (TIME SPENT) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT
<b>ANCILLARY COST CENTERS</b>												
37.00	51,242	203,147	51,242	11,000	9,247	13,000	4,946	15,000	64,228	180,082,384	18,000	19,000
38.00	11,462	82,829	11,462	3,363	3,363	3,519	3,519	26,684	49,448,240	80	80	
39.00	24,788	54,302	24,788	4,505	4,505	374	374	7,216	79,795,557	4	4	
41.00	33,902	28,534	33,902	3,444	3,444	632	632	429	42,043,680	228	228	
42.00	7,797	22,871	7,797	2,682	2,682	79	79	17,918	27,341,901	70	70	
43.01	3,129	3,129	3,129	1,755	1,755	301	301	30,156	59,388,799			
43.02	298	298	298	804	804	8	8	19,078,249				
43.03	20,490	255	20,490	15,009	15,009	71	71	8,878	225,493,333			
44.00												
44.01												
46.00	4,090		4,090	2,904	2,904	662	662	10,847,914				
47.00	2,319		2,319	4,607	4,607	2	2	93,209,117				
49.00	5,413		5,413	1,335	1,335	430	430	4,864	48,984,124			
49.01	2,707		2,707	441	441	265	265	1	1,665,220			
49.02	11,612	3,206	11,612	1,077	1,077	485	485	27,970	37,962,117			
50.00	6,887	226	6,887	438	438	390	390	38	44,267,086			
51.00	648		648	1,041	1,041				4,426,498			
52.00	3,054		3,054	323	323				87,106,201			
53.00	1,468	631	1,468						262,793,605			
54.00									4,283,730			
55.00									20,008,695			
56.00									20,982,335			
57.00									10,129,116			
58.00												
59.00	3,481	36,860	3,481	1,868	1,868	1,173	1,173	7,162	11,517,727			
59.01	786		786	552	552							
59.02	4,502		4,502	419	419							
59.03												
60.00	11,589	60,471	11,589	3,332	3,332	2,519	2,519	20,975	3,923,477		12	
60.01	2,685		2,685	338	338	186	186		1,294,197			
60.04	2,322	3,848	2,322	347	347	317	317		921,898		3	
61.00	12,924	167,046	12,924	5,661	5,661	4,239	4,239	88,150	71,832,531		832	
62.00												
71.00	3,416		3,416	3,330	3,330							
83.00												
84.00												
85.00												
86.00												
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00	5,702		5,702									
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00	70,518		70,518	1,886	1,886							
100.01												
100.02		1,044										
100.04												
100.05				53,841	53,841							
TOTAL	600,288	2,212,775	573,173	348,274	198,745	0	80,472	100	12,179,905	#####	7,082	0
COST TO BE ALLOCATED	12,076,151	2,976,249	6,315,304	3,994,101	3,394,268	0	3,123,699	2,749,245	6,842,896	7,593,243	4,593,803	0
UNIT COST MULTIPLIER - SCH 8	20,117262	1,345030	11,018147	11,468272	17,078506	0,000000	38,817220	#####	0,561818	0,003940	648,658933	0,000000

Provider Name:  
 PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
 DECEMBER 31, 2008

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 Old Cap Rel Costs-Bldg & Fixtures	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
2.00 Old Cap Rel Costs-Movable Equipment	(Adj)						
3.00 New Cap Rel Costs-Bldg & Fixtures							
4.00 New Cap Rel Costs-Movable Equipment							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00 Employee Benefits							
6.01 Non-Patient Telephones							
6.02 Data Processing							
6.03 Purchasing/Receiving							
6.04 Patient Admitting							
6.05 Patient Business Office							
6.06							
6.07							
6.08							
7.00 Administrative and General							
8.00 Maintenance and Repairs							
9.00 Operation of Plant							
10.00 Laundry and Linen Service							
11.00 Housekeeping							
12.00 Dietary							
13.00 Cafeteria							
14.00 Maintenance of Personnel							
15.00 Nursing Administration							
16.00 Central Services & Supply							
17.00 Pharmacy							
18.00 Medical Records and Library							
19.00 Social Service							
19.02							
19.03							
20.00							
21.00 Nursing School							
22.00 Intern & Res Service-Salary & Fringes							
23.00 Intern & Res Other Program							
24.00 Paramedical Ed Program							
<b>INPATIENT ROUTINE COST CENTERS</b>							
25.00 Adults & Pediatrics (Gen Routine)							
26.00 Intensive Care Unit							
27.00 Coronary Care Unit							
28.00							
29.00							
30.00 Neonatal Intensive Care Unit							
31.00 Subprovider							
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:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	1,682,771	0	1,682,771
4.00	New Cap Rel Costs-Movable Equipment	25,321,274	2,566,857	27,888,131
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	33,349,046	(14,198,261)	19,150,785
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	29,128,209	36,524,607	65,652,816
7.00	Maintenance and Repairs	2,940,167	0	2,940,167
8.00	Operation of Plant	6,307,310	0	6,307,310
9.00	Laundry and Linen Service	1,393,043	0	1,393,043
10.00	Housekeeping	3,985,474	0	3,985,474
11.00	Dietary	1,892,062	0	1,892,062
12.00	Cafeteria	1,717,064	0	1,717,064
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	2,070,735	0	2,070,735
15.00	Central Services & Supply	1,304,324	0	1,304,324
16.00	Pharmacy	4,454,810	0	4,454,810
17.00	Medical Records and Library	4,716,154	0	4,716,154
18.00	Social Service	3,181,675	0	3,181,675
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults & Pediatrics (Gen Routine)	37,537,463	0	37,537,463
26.00	Intensive Care Unit	11,624,285	0	11,624,285
27.00	Coronary Care Unit	0	0	0
28.00		0	0	0
29.00		0	0	0
30.00	Neonatal Intensive Care Unit	5,347,650	0	5,347,650
31.00	Subprovider	2,567,652	0	2,567,652
32.00		0	0	0
33.00	Nursery	1,403,207	0	1,403,207
34.00	Medicare Certified Nursing Facility	3,684,569	0	3,684,569
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	0	0	0
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 13,813,663	\$ 0	\$ 13,813,663
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	4,361,553	0	4,361,553
41.00	Radiology - Diagnostic	7,114,928	0	7,114,928
42.00	Radiology - Therapeutic	4,936,580	0	4,936,580
43.00	Radioisotope	2,279,351	0	2,279,351
43.01	CT Scan	1,973,208	0	1,973,208
43.02	Magnetic Resonance Imaging (MRI)	1,844,675	0	1,844,675
43.03	Ultrasound	733,139	0	733,139
44.00	Laboratory	17,237,265	0	17,237,265
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	0	0	0
47.00	Blood Storing and Processing	3,936,779	0	3,936,779
49.00	Respiratory Therapy	4,832,239	0	4,832,239
49.01	Cardiac Catheterization Laboratory	3,050,201	0	3,050,201
49.02	Cardiac Rehab	639,396	0	639,396
50.00	Physical Therapy	3,878,963	0	3,878,963
51.00	Occupational Therapy	2,355,183	0	2,355,183
52.00	Speech Pathology	501,267	0	501,267
53.00	Electrocardiology	970,656	0	970,656
54.00	Electroencephalography	289,686	0	289,686
55.00	Medical Supplies Charged to Patients	21,436,497	0	21,436,497
56.00	Drugs Charged to Patients	12,177,170	0	12,177,170
57.00	Renal Dialysis	1,277,125	0	1,277,125
59.00	Gastro Intestinal Services	2,353,441	0	2,353,441
59.01	Pulmonary Function Testing	584,494	0	584,494
59.02	Vascular Lab	511,793	0	511,793
59.03		0	0	0
60.00	Clinic	2,992,545	0	2,992,545
60.01	Urgent Clinic	288,980	0	288,980
60.04	Diabetes/Wound/Ostomy Programs	382,856	0	382,856
61.00	Emergency	7,048,904	0	7,048,904
62.00	Observation Beds (Non-Distinct Part)	0	0	0
71.00	Home Health Agency	3,931,997	0	3,931,997
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
	<b>SUBTOTAL</b>	<b>\$ 313,343,478</b>	<b>\$ 24,893,203</b>	<b>\$ 338,236,681</b>
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
97.00	Research	0	0	0
98.00	Physicians' Private Office	0	0	0
99.00	Nonpaid Workers	0	0	0
99.01		0	0	0
99.02		0	0	0
99.03		0	0	0
99.04		0	0	0
99.05		0	0	0
100.00	Non-Reimbursable	18,322,756	0	18,322,756
100.01		0	0	0
100.02		0	0	0
100.04	OB Clinic	0	0	0
100.05	Visitor Meals	0	0	0
100.99	<b>SUBTOTAL</b>	<b>\$ 18,322,756</b>	<b>\$ 0</b>	<b>\$ 18,322,756</b>
101	<b>TOTAL</b>	<b>\$ 331,666,234</b>	<b>\$ 24,893,203</b>	<b>\$ 356,559,437</b>

(To Schedule 8)



Provider Name:  
 PROVIDENCE SAINT JOSEPH MEDICAL CENTER

ADJUSTMENTS TO REPORTED COSTS

Page 1  
 Fiscal Period Ended:  
 DECEMBER 31, 2008

	TOTAL ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	
	(Page 1 & 2)	2																		
<b>ANCILLARY COST CENTERS</b>																				
37.00	Operating Room	0																		
38.00	Recovery Room	0																		
39.00	Delivery Room and Labor Room	0																		
41.00	Radiology - Diagnostic	0																		
42.00	Radiology - Therapeutic	0																		
43.00	Radioisotope	0																		
43.01	CT Scan	0																		
43.02	Magnetic Resonance Imaging (MRI)	0																		
43.03	Ultrasound	0																		
44.00	Laboratory	0																		
44.01	Pathological Lab	0																		
46.00	Whole Blood	0																		
47.00	Blood Storing and Processing	0																		
49.00	Respiratory Therapy	0																		
49.01	Cardiac Catheterization Laboratory	0																		
49.02	Cardiac Rehab	0																		
50.00	Physical Therapy	0																		
51.00	Occupational Therapy	0																		
52.00	Speech Pathology	0																		
53.00	Electrocardiology	0																		
54.00	Electroencephalography	0																		
55.00	Medical Supplies Charged to Patients	0																		
56.00	Drugs Charged to Patients	0																		
57.00	Renal Dialysis	0																		
59.00	Gastro Intestinal Services	0																		
59.01	Pulmonary Function Testing	0																		
59.02	Vascular Lab	0																		
59.03		0																		
60.00	Clinic	0																		
60.01	Urgent Clinic	0																		
60.04	Diabetes/Wound/Ostomy Programs	0																		
61.00	Emergency	0																		
62.00	Observation Beds (Non-Distinct Part)	0																		
71.00	Home Health Agency	0																		
83.00		0																		
84.00		0																		
85.00		0																		
86.00		0																		
<b>NONREIMBURSABLE COST CENTERS</b>																				
96.00	Gift, Flower, Coffee Shop & Canteen	0																		
97.00	Research	0																		
98.00	Physicians' Private Office	0																		
99.00	Nonpaid Workers	0																		
99.01		0																		
99.02		0																		
99.03		0																		
99.04		0																		
99.05		0																		
100.00	Non-Reimbursable	0																		
100.01		0																		
100.02		0																		
100.04	OB Clinic	0																		
100.05	Visitor Meals	0																		
101.00	TOTAL	\$24,893,203	24,893,203	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)



Provider Name:

PROVIDENCE SAINT JOSEPH MEDICAL CENTER

Fiscal Period Ended:

DECEMBER 31, 2008

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

GENERAL SERVICE COST CENTER

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

Employee Benefits

- 5.00
- 6.01 Non-Patient Telephones
- 6.02 Data Processing
- 6.03 Purchasing/Receiving
- 6.04 Patient Admitting
- 6.05 Patient Business Office
- 6.06
- 6.07

Administrative and General

- 6.00
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary

Cafeteria

- 12.00
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy

Medical Records and Library

- 17.00
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00

Nursing School

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

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00
- 29.00

Neonatal Intensive Care Unit

- 30.00
- 31.00 Subprovider
- 32.00

Nursery

- 33.00
- 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



Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30235G		15		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1	8	B	I	31.00	26	\$5,460,045	(\$5,460,045)	\$0
	8	B	I	25.00	26	72,625,194	5,460,045	78,085,239
<p>Subprovider Adults and Pediatrics To reclassify Subprovider [Rehabilitation] expense to Adults and Pediatrics after step-down. 42 CFR 413.20, 413.24, and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2336, and 2306</p>								
<b><u>RECLASSIFICATION OF REPORTED COSTS</u></b>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30235G		15		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
2	10A	A		4.00	7	\$25,321,274	\$2,566,857	\$27,888,131
	10A	A		5.00	7	33,349,046	(14,198,261)	19,150,785
	10A	A		6.00	7	29,128,209	36,524,607	65,652,816
<p style="text-align: center;"><b>ADJUSTMENT TO REPORTED COSTS</b></p> <p>                     7 New Cap Rel Costs-Movable Equipment                      7 Employee Benefits                      7 Administrative and General                      To adjust reported home office costs to agree with the Sisters of Providence Home Office Audit Report for fiscal period ended December 31, 2008 and account for the Worker's Compensation paid claims.                      42 CFR 413.17, 413.20, and 413.24                      CMS Pub. 15-1, Sections 2150.2, 2300, and 2304                 </p>								

Provider Name		Fiscal Period				Provider Number		Adjustments	
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC30235G		15	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
3	4, Contract 4	D-1	I	XIX	1.00	1	75,954	5,163	81,117
4	4, Contract 4	D-1	I	XIX	4.00	1	75,954	5,163	81,117
<p style="text-align: center;"><b>ADJUSTMENT TO REPORTED PATIENT DAYS</b></p> <p>Adults and Pediatrics (Inpatient Days)</p> <p>Adults and Pediatrics (Semi-Private Room Days)</p> <p>To include Subprovider [Rehabilitation] total inpatient days with the Adults and Pediatrics in conjunction with adjustment 1.</p> <p>42 CFR 413.20 and 413.50</p> <p>CMS Pub. 15-1, Sections 2300 and 2336.1</p>									

Provider Name		Fiscal Period				Provider Number	Adjustments		
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC30235G	15		
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
4	4, Contract 4	D-1	I	XIX	28.00	1	\$252,874,883	\$15,150,601	\$268,025,484
4	4, Contract 4	D-1	I	XIX	30.00	1	60,098,299	15,150,601	75,248,900
<b>ADJUSTMENT TO REPORTED TOTAL CHARGES</b>									
Adults and Pediatrics (General Inpatient Routine Charges) Adults and Pediatrics (Semi-Private Room Charges) To include Subprovider [Rehabilitation] total charges with the Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1									

Provider Name		Fiscal Period				Provider Number		Adjustments	
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC30235G		15	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			AS Reported	Increase (Decrease)	AS Adjusted	
			Part	Title	Line				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT									
5	4A	Not Reported				0	2		2
	4A	Not Reported				\$0	\$318,19		\$318,19
	4A	Not Reported				0	13		13
	4A	Not Reported				\$0	\$351.26		\$351.26
6	6	Not Reported				\$0	\$2,745		\$2,745
	6	Not Reported				0	37,941		37,941
	6	Not Reported				0	851		851
	6	Not Reported				0	51,509		51,509
	6	Not Reported				0	93,046		93,046
7	2	Not Reported				\$0	\$45,347		\$45,347
	2	Not Reported				0	93,046		93,046
8	1	Not Reported				\$0	\$22,847		\$22,847

To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:  
 Report Date: February 25, 2010  
 Payment Period: January 1, 2008 through February 25, 2010  
 Service Period: January 1, 2008 through December 31, 2008  
 42 CFR 413.20, 413.50, 413.53, 413.60, 413.64, and 433.139  
 CMS Pub. 15-1, Sections 2304, 2404, and 2408  
 CCR, Title 22, Section 51541

Provider Name		Fiscal Period		Provider Number		Adjustments				
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30235G		15				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>										
9	Contract 4	D-1	I	XIX	9.00	4	Medi-Cal Days - Adults and Pediatrics	12,287	(3,029)	9,258
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	3,135	(628)	2,507
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,384	(156)	1,228
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	2,210	(326)	1,884
10	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$12,691,268	(\$5,380,412)	\$7,310,856
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	22,614,618	(6,079,261)	16,535,357
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	5,682,775	(1,520,370)	4,162,405
	Contract 6	D-4		XIX	42.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	393,252	(160,504)	232,748
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	2,090,390	(1,075,177)	1,015,213
	Contract 6	D-4		XIX	43.01	2	Medi-Cal Ancillary Charges - CT Scan	3,808,786	(639,768)	3,169,018
	Contract 6	D-4		XIX	43.02	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	2,422,060	(711,316)	1,710,744
	Contract 6	D-4		XIX	43.03	2	Medi-Cal Ancillary Charges - Ultrasound	1,384,522	(271,331)	1,113,191
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	26,046,848	(590,853)	25,455,995
	Contract 6	D-4		XIX	47.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing and Trans.	10,786	1,220,803	1,231,589
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	14,170,297	(8,017,940)	6,152,357
	Contract 6	D-4		XIX	49.01	2	Medi-Cal Ancillary Charges - Cardiac Catheterization Laboratory	4,602,517	(1,380,637)	3,221,880
	Contract 6	D-4		XIX	49.02	2	Medi-Cal Ancillary Charges - Cardiac Rehab	47,970	(47,970)	0
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	2,054,741	341,233	2,395,974
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	131,626	9,200	140,826
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	212,757	(36,336)	176,421
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	4,867,595	(1,460,154)	3,407,441
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	1,102,985	(931,981)	171,004
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	44,494	9,773,124	9,817,618
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	29,692,119	(3,986,622)	25,705,497
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	839,196	(192,926)	646,270
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Gastro Intestinal Services	557,961	(302,509)	255,452
	Contract 6	D-4		XIX	59.01	2	Medi-Cal Ancillary Charges - Pulmonary Function Testing	2,551,424	(2,159,331)	392,093
	Contract 6	D-4		XIX	59.02	2	Medi-Cal Ancillary Charges - Vascular Lab	715,411	(195,792)	519,619
	Contract 6	D-4		XIX	60.00	2	Medi-Cal Ancillary Charges - Clinic	17,848	(17,848)	0
	Contract 6	D-4		XIX	60.01	2	Medi-Cal Ancillary Charges - Urgent Clinic	310	(310)	0

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Provider Name		Fiscal Period			Provider Number		Adjustments	
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			HSC30235G		15	
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>								
-Continued from previous page-								
10	Contract 6	D-4	XIX	60.04	2	\$20,100	(\$20,100)	\$0
	Contract 6	D-4	XIX	61.00	2	4,302,984	(849,347)	3,453,637
	Contract 6	D-4	XIX	101.00	2	143,077,640	(24,684,435)	118,393,205
11	Contract 2	E-3	III	XIX	10.00	1	\$60,061,192	\$57,385,207
	Contract 2	E-3	III	XIX	11.00	1	143,077,640	(24,684,435)
12	Contract 3	E-3	III	XIX	33.00	1	\$0	\$50,557
	Contract 3	E-3	III	XIX	36.00	1	0	497,032

To adjust Medi-Cal Settlement Data to agree with the following  
 EDS Paid Claims Summary Report:  
 Report Date: February 23, 2010  
 Payment Period: January 1, 2008 through February 23, 2010  
 Service Period: January 1, 2008 through December 31, 2008  
 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64  
 CMS Pub. 15-1, Sections 2304 and 2408  
 CCR, Title 22, Section 51541

Provider Name		Fiscal Period		Provider Number		Adjustments				
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC30235G		15				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
13	DPNF1	D-1	I	XIX	9.00	1	Medi-Cal Days - Skilled Nursing Facility	1,376	(451)	925
To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary Report: Report Date: February 23, 2010 Payment Period: January 1, 2008 through February 23, 2010 Service Period: January 1, 2008 through December 31, 2008 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408 CCR, Title 22, Section 51541										
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</b>										
14	DPNF4	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$274,948	(\$274,948)	\$0
	DPNF4	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	831,484	(831,484)	0
	DPNF4	D-4		XIX	42.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	670,389	(670,389)	0
	DPNF4	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	181,456	(181,456)	0
	DPNF4	D-4		XIX	43.01	2	Medi-Cal Ancillary Charges - CT Scan	629,734	(629,734)	0
	DPNF4	D-4		XIX	43.02	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	399,337	(399,337)	0
	DPNF4	D-4		XIX	43.03	2	Medi-Cal Ancillary Charges - Ultrasound	179,461	(179,461)	0
	DPNF4	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	6,723,409	(6,723,409)	0
	DPNF4	D-4		XIX	49.01	2	Medi-Cal Ancillary Charges - Cardiac Catheterization Laboratory	17,302	(17,302)	0
	DPNF4	D-4		XIX	49.02	2	Medi-Cal Ancillary Charges - Cardiac Rehab	3,988	(3,988)	0
	DPNF4	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	1,638,834	(1,638,834)	0
	DPNF4	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	289,508	(289,508)	0
	DPNF4	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	243,155	(243,155)	0
	DPNF4	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	237,220	(237,220)	0
	DPNF4	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	15,307	(15,307)	0
	DPNF4	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	1,400	(1,400)	0
	DPNF4	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Gastro Intestinal Services	186,953	(186,953)	0
	DPNF4	D-4		XIX	59.01	2	Medi-Cal Ancillary Charges - Pulmonary Function Testing	219,924	(219,924)	0
	DPNF4	D-4		XIX	59.02	2	Medi-Cal Ancillary Charges - Vascular Lab	118,350	(118,350)	0
	DPNF4	D-4		XIX	60.00	2	Medi-Cal Ancillary Charges - Clinic	2,031	(2,031)	0
	DPNF4	D-4		XIX	60.04	2	Medi-Cal Ancillary Charges - Diabetes/Wound/Ostomy Programs	9,837	(9,837)	0
	DPNF4	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	7,306	(7,306)	0

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Provider Name		Fiscal Period				Provider Number	Adjustments		
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC30235G	15		
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report				AS Reported	Increase (Decrease)	AS Adjusted
			Part	Title	Line	Col.			
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNE</b>									
14	DPNF4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	37,770,199	(\$12,881,333)	\$24,888,866
-Continued from previous page- To adjust the reported ancillary charges to include only those for services and items that are included in the distinct part nursing facility per diem rate. Title 22, CCR, Section 51511									

Provider Name		Fiscal Period				Provider Number	Adjustments			
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC30235G	15			
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
15	Contract 1	N/A	Medi-Cal Overpayments To recover Medi-Cal duplicate payments. CCR, Title 22, Section51458.1					\$0	\$2,545	\$2,545
<b>ADJUSTMENT TO OTHER MATTERS</b>										