

**REPORT
ON THE
COST REPORT REVIEW**

**SAINT FRANCIS MEDICAL CENTER
LYNWOOD, CALIFORNIA
PROVIDER NUMBERS: HSC/ZZT30104G AND
LTC55238G**

NATIONAL PROVIDER IDENTIFIER: 1487697215

**FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Cheryl Phillips
Audit Supervisor: Maria Delgado
Auditors: Nicholas Lui and Vivian Chan**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

April 29, 2010

Jerry Kozai, Administrator
Saint Francis Medical Center
3630 East Imperial Highway
Lynwood, CA 90262

PROVIDER: SAINT FRANCIS MEDICAL CENTER
PROVIDER NO.: HSC30104G
NATIONAL PROVIDER IDENTIFIER: 1487697215
FISCAL PERIOD ENDED: JUNE 30, 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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the provider in the amount of \$16,048 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account

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

Future 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
(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.

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

Signed By:

Cheryl Phillips, Chief
Audits Section—Gardena
Financial Audits Branch

Certified

cc: Ed Dare, Controller
Saint Francis Medical Center
3630 East Imperial Highway
Lynwood, CA 90262

SUMMARY OF FINDINGS

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT30104G	Reported	\$ 0	
	Net Change	\$ 16,048	
	Audited Amount Due Provider (State)	\$ 16,048	
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. HSC30104G	Reported		\$ 69,854,611
	Net Change		\$ 7,281,932
	Audited Cost		\$ 77,136,543
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No. LTC55238G	Reported		\$ 448.72
	Net Change		\$ (3.62)
	Audited Cost Per Day		\$ 445.10
	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)		\$ 16,048	
9. Total Medi-Cal Cost			\$ 77,136,543

SUMMARY OF FINDINGS

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		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)	\$ 16,048	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT30104G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 122,100
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ _____ 0	\$ _____ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ _____ 0	\$ _____ N/A
4.	\$ _____ 0	\$ _____ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ _____ 0	\$ _____ 122,100
6. Interim Payments (Adj 6)	\$ _____	\$ _____ (106,052)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ 16,048
8. Duplicate Payments (Adj)	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ 16,048
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SAINT FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30104G

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 122,329

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 5) \$ 0 \$ 268,6673. Inpatient Ancillary Service Charges (Adj 5) \$ 0 \$ 201,7824. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 470,4495. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 348,1206. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
SAINT FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30104G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>0</u>	\$ <u>26,936</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>0</u>	\$ <u>95,393</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>122,329</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>0</u>	\$ <u>122,329</u>
		(To Schedule 2)
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj 6)	\$ <u>0</u>	\$ <u>(229)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>0</u>	\$ <u>122,100</u>
		(To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30104G

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	79,469	79,469
2. Inpatient Days (include private, exclude swing-bed)	79,469	79,469
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	79,469	79,469
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)	\$ 68,840,997	\$ 67,314,037
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)	\$ 68,840,997	\$ 67,314,037
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 106,854,486	\$ 106,854,486
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 106,854,486	\$ 106,854,486
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.644250	\$ 0.629960
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 1,344.61	\$ 1,344.61
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)	\$ 68,840,997	\$ 67,314,037
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 866.26	\$ 847.05
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 95,393
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 95,393

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30104G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 4,162,455	\$ 4,064,108
2. Total Inpatient Days (Adj)	15,790	15,790
3. Average Per Diem Cost	\$ 263.61	\$ 257.38
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 21,716,190	\$ 21,175,830
7. Total Inpatient Days (Adj)	12,355	12,355
8. Average Per Diem Cost	\$ 1,757.68	\$ 1,713.95
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 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)	\$ 11,676,685	\$ 11,346,075
17. Total Inpatient Days (Adj)	9,473	9,473
18. Average Per Diem Cost	\$ 1,232.63	\$ 1,197.73
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 3)	\$ 0.00	\$ 310.68
27. Medi-Cal Inpatient Days (Adj 3)	0	51
28. Cost Applicable to Medi-Cal	\$ 0	\$ 15,845
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj 3)	\$ 0.00	\$ 318.19
30. Medi-Cal Inpatient Days (Adj 3)	0	250
31. Cost Applicable to Medi-Cal	\$ 0	\$ 79,548
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 95,393

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT FRANCIS MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30104G

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)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30104G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>69,854,611</u>	\$ <u>77,136,543</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>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>69,854,611</u>	\$ <u>77,136,543</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>69,854,611</u>	\$ <u>77,136,543</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</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>0</u>
	(To Summary of Findings)	

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30104G

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>69,854,611</u>	\$ <u>77,927,991</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9)	\$ <u>52,924,544</u>	\$ <u>87,026,174</u>
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3. Inpatient Ancillary Service Charges (Adj 9)	\$ <u>126,655,576</u>	\$ <u>190,804,729</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>179,580,120</u>	\$ <u>277,830,903</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>109,725,509</u>	\$ <u>199,902,912</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:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30104G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ 24,810,388	\$ 31,757,655
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 45,044,223	\$ 46,170,336
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4.	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 69,854,611	\$ 77,927,991
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ Contract Sch 1)	\$ 0
8. SUBTOTAL	\$ 69,854,611	\$ 77,927,991
	(To Contract Sch 2)	
9. Coinsurance (Adj 10)	\$ 0	\$ (630,408)
10. Patient and Third Party Liability (Adj 10)	\$ 0	\$ (161,040)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 69,854,611	\$ 77,136,543
	(To Contract Sch 1)	

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30104G

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	79,469	79,469
2. Inpatient Days (include private, exclude swing-bed)	79,469	79,469
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	79,469	79,469
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 7)	31,560	24,456

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)	\$ 68,840,997	\$ 67,314,037
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)	\$ 68,840,997	\$ 67,314,037

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 106,854,486	\$ 106,854,486
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 106,854,486	\$ 106,854,486
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.644250	\$ 0.629960
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 1,344.61	\$ 1,344.61
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)	\$ 68,840,997	\$ 67,314,037

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 866.26	\$ 847.05
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 27,339,166	\$ 20,715,455
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 17,705,057	\$ 25,454,881
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 45,044,223	\$ 46,170,336

(To Contract Sch 3)

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30104G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 4,162,455	\$ 4,064,108
2. Total Inpatient Days (Adj)	15,790	15,790
3. Average Per Diem Cost	\$ 263.61	\$ 257.38
4. Medi-Cal Inpatient Days (Adj 7)	9,097	8,925
5. Cost Applicable to Medi-Cal	\$ 2,398,060	\$ 2,297,117
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 21,716,190	\$ 21,175,830
7. Total Inpatient Days (Adj)	12,355	12,355
8. Average Per Diem Cost	\$ 1,757.68	\$ 1,713.95
9. Medi-Cal Inpatient Days (Adj 7)	3,712	8,533
10. Cost Applicable to Medi-Cal	\$ 6,524,508	\$ 14,625,135
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)	\$ 11,676,685	\$ 11,346,075
17. Total Inpatient Days (Adj)	9,473	9,473
18. Average Per Diem Cost	\$ 1,232.63	\$ 1,197.73
19. Medi-Cal Inpatient Days (Adj 7)	7,125	7,124
20. Cost Applicable to Medi-Cal	\$ 8,782,489	\$ 8,532,629
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
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)	\$ 17,705,057	\$ 25,454,881
	(To Contract Sch 4)	

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30104G

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

(To Contract Sch 4)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30104G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
37.00	Operating Room	\$ 3,355,473	\$ 5,086,533	\$ 8,442,006
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room	19,739,992	(9,635,656)	10,104,336
40.00	Anesthesiology	284,837	269,389	554,226
41.00	Radiology - Diagnostic	3,422,514	2,256,775	5,679,289
42.00	Radiology - Therapeutic	78,281	68,407	146,688
43.00	Radioisotope	866,124	240,468	1,106,592
43.01	Ultrasound	2,021,336	939,422	2,960,758
43.02	CAT Scan	3,517,492	6,319,063	9,836,555
43.03	Magnetic Reonance Imaging (MRI)	1,161,036	350,116	1,511,152
44.00	Laboratory	24,732,681	16,907,176	41,639,857
46.00	Whole Blood & packed Red Blood Cells	452,504	518,449	970,953
47.00	Blood Storing and Processing			0
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	7,090,760	9,814,898	16,905,658
50.00	Physical Therapy	356,657	671,776	1,028,433
51.00	Occupational Therapy			0
52.00	Speech Pathology			0
53.00	Electrocardiology	3,567,526	1,750,520	5,318,046
54.00	Electroencephalography	201,751	45,925	247,676
55.00	Medical Supplies Charged to Patients	14,084,737	5,589,015	19,673,752
56.00	Drugs Charged to Patients	26,018,832	15,515,885	41,534,717
57.00	Renal Dialysis			0
58.00	ASC (Non-Distinct Part)			0
59.00	Laboratory - Pathological	746,861	(746,861)	0
59.01	Pulmonary Function Testing	40,348	170,937	211,285
59.02	Respiratory - Neonatal	2,696,404	383,851	3,080,255
59.03	Cardiac Catheterization Laboratory	1,079,401	4,418,684	5,498,085
60.00	Psych Day Care			0
60.01	Satellite Clinic			0
60.02	Perinatal Clinic	718,782	(718,782)	0
60.03	Gestational Diabetes Clinic			0
60.04	Childrens Center			0
60.05	Renal Dialysis Clinic	3,295,286	887,994	4,183,280
60.06	High Risk Infant Clinic			0
60.07	Pain Clinic	0	5,486	5,486
60.08	Wound Clinic			0
61.00	Emergency	7,125,961	3,039,683	10,165,644
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 126,655,576	\$ 64,149,153	\$ 190,804,729

(To Contract Sch 5)

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55238G

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 43,366	\$ 43,366
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 3,851,805	\$ 3,777,349	\$ (74,456)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 3,851,805	\$ 3,820,715	\$ (31,090)
4. Total Distinct Part Patient Days (Adj)	8,584	8,584	0
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 448.72	\$ 445.10	\$ (3.62)
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	30	30	0
10. Total Licensed Capacity (All levels) (Adj)	369	369	0
11. Total Medi-Cal DP Patient Days (Adj 11)	1,563	1,720	157
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 438,989	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 438,989	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 1,502,384	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,075,752	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 2,578,136	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55238G

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 1,682,744	\$ 1,682,744	\$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures		0	0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	209,799	240,156	30,357
4.00	New Cap Rel Costs-Movable Equipment	88,715	88,715	(0)
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	409,871	387,004	(22,867)
6.01	Communications	6,847	6,843	(4)
6.02	Information Services	29,569	29,646	77
6.03	Purchasing & Stores	6,938	6,939	1
6.04	Admitting	27,154	26,996	(158)
6.05	Patient Financial Services	37,300	37,224	(76)
6.06	Other Admin & General	384,929	321,930	(62,999)
6.07			0	0
6.08			0	0
6.00	Administrative and General		0	0
7.00	Maintenance and Repairs	67,422	66,392	(1,030)
8.00	Operation of Plant	155,621	152,820	(2,801)
9.00	Laundry and Linen Service	16,990	16,870	(120)
10.00	Housekeeping	45,314	44,425	(889)
11.00	Dietary	516,651	505,996	(10,655)
12.00	Cafeteria	26,179	26,244	65
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	67,657	66,113	(1,544)
15.00	Central Services & Supply	4,641	4,568	(73)
16.00	Pharmacy	5,841	5,690	(151)
17.00	Medical Records and Library	40,354	39,567	(787)
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School	21,269	20,469	(800)
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	\$ 3,851,805	\$ 3,777,349	\$ (74,456)

(To DPNF Sch 1)

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

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55238G

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
		(From DPNF Sch 4)				
49.00	Respiratory Therapy	\$ 6,066,094	\$ 39,259,424	0.154513	\$ 210,985	\$ 32,600
55.00	Med Supply Charged to Patients	13,683,794	83,879,990	0.163135	65,994	10,766
56.00	Drugs Charged to Patients	16,891,595	110,902,677	0.152310	0	0
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101.00	TOTAL	\$ 36,641,483	\$ 234,042,091		\$ 276,979	\$ 43,366

(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.

ADJUSTMENTS TO TOTAL
DISTINCT PART ANCILLARY CHARGES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55238G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 12)	AUDITED
49.00	Respiratory Therapy	\$ 0	\$ 210,985	\$ 210,985
55.00	Med Supply Charged to Patients	0	65,994	65,994
56.00	Drugs Charged to Patients	0		0
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TOTAL DP ANCILLARY CHARGES		\$ 0	\$ 276,979	\$ 276,979

(To DPNF Sch 3)

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

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55238G

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
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	240,156	N/A
4.00	New Cap Rel Costs-Movable Equipment	88,715	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	1,426	385,578
6.01	Communications	294	2,619
6.02	Information Services	849	67
6.03	Purchasing & Stores	563	4,214
6.04	Admitting	818	19,254
6.05	Patient Financial Services	786	9,316
6.06	Other Admin & General	8,703	111,455
6.07		0	0
6.08		0	0
6.00	Administrative and General	0	0
7.00	Maintenance and Repairs	8,198	26,861
8.00	Operation of Plant	12,575	48,590
9.00	Laundry and Linen Service	3,875	9,028
10.00	Housekeeping	3,079	15,819
11.00	Dietary	47,749	318,161
12.00	Cafeteria	9,245	18,193
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	5,731	49,920
15.00	Central Services & Supply	576	2,118
16.00	Pharmacy	265	4,003
17.00	Medical Records and Library	3,532	19,563
18.00	Social Service	0	0
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	1,855	30,994
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	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 438,989	\$ 1,075,752

* 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:
 SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
 JUNE 30, 2008

	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
ANCILLARY COST CENTERS												
37.00 Operating Room	0	1,313,656	59,304	177,204	39,111	104,371	234,038	1,186,590	0	0	10,412,055	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	2,328,641	28,511	29,646	76,653	160,519	258,640	1,919,015	0	0	16,791,435	0
40.00 Anesthesiology	0	12,107	12,545	0	3,729	9,513	19,366	35,530	0	0	311,244	0
41.00 Radiology - Diagnostic	0	659,048	45,618	206,514	11,195	63,783	209,596	676,109	0	0	5,909,806	0
42.00 Radiology - Therapeutic	0	142,208	17,107	0	5,328	1,637	73,085	174,610	0	0	1,550,603	0
43.00 Radioisotope	0	71,671	0	29,646	54	17,061	35,627	118,232	0	0	1,046,647	0
43.01 Ultrasound	0	136,521	0	0	40	30,848	105,386	135,983	0	0	1,188,968	0
43.02 CAT Scan	0	105,372	0	29,646	1,211	111,113	363,827	225,554	0	0	1,977,290	0
43.03 Magnetic Resonance Imaging (MRI)	0	44,432	0	0	338	27,216	61,802	73,500	0	0	652,227	0
44.00 Laboratory	0	904,981	17,107	236,160	34,831	430,114	777,197	1,267,801	0	0	11,094,886	0
46.00 Whole Blood & packed Red Blood Cel	0	0	0	0	11	11,208	16,618	399,098	0	0	3,498,766	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	774,868	17,107	58,956	4,271	160,866	232,605	651,350	0	0	5,669,102	0
50.00 Physical Therapy	0	230,490	11,405	29,646	5,838	14,492	29,452	241,193	0	0	2,148,039	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	199,757	11,405	29,646	4,934	75,746	139,271	194,380	0	0	1,695,251	0
54.00 Electroencephalography	0	24	0	0	483	4,490	7,292	22,060	0	0	195,532	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	334,127	496,974	1,365,238	0	0	11,959,748	0
56.00 Drugs Charged to Patients	0	0	0	0	0	526,315	657,078	1,264,015	0	0	11,071,198	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Laboratory - Pathological	0	25,512	4,562	0	1,602	9,604	20,964	53,091	0	0	474,803	0
59.01 Pulmonary Function Testing	0	18,551	2,281	0	192	1,157	3,371	30,480	0	0	275,475	0
59.02 Respiratory - Neonatal	0	112,251	0	0	517	35,420	49,151	94,518	0	0	823,087	0
59.03 Cardiac Catheterization Laboratory	0	214,066	12,545	29,646	2,434	38,713	67,652	235,973	0	0	2,060,160	0
60.00 Psych Day Care	0	59,425	0	0	1,329	0	8,435	54,882	0	0	486,188	0
60.01 Satellite Clinic	0	465,769	61,584	177,204	27,640	48,045	48,045	516,248	0	0	4,534,115	0
60.02 Perinatal Clinic	0	116,715	15,966	29,646	4,351	5,806	45,404	113,577	0	0	988,244	0
60.03 Gestational Diabetes Clinic	0	37,973	0	0	1,609	0	6,298	29,745	0	0	258,384	0
60.04 Childrens Center	0	274,914	21,669	58,956	21,529	0	12,470	271,744	0	0	2,375,464	0
60.05 Renal Dialysis Clinic	0	0	2,281	0	199	48,864	69,242	325,816	0	0	2,911,014	0
60.06 High Risk Infant Clinic	0	26,524	7,983	0	1,431	0	8,447	73,708	0	0	644,268	0
60.07 Pain Clinic	0	6,149	9,124	0	17	0	287	7,905	0	0	68,896	0
60.08 Wound Clinic	0	39,556	0	29,646	2,742	13	14,131	94,100	0	0	822,253	0
61.00 Emergency	0	2,043,552	45,618	88,602	34,901	167,400	717,274	1,807,502	0	0	15,791,064	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	0	45,241	5,702	0	1,254	0	0	78,603	0	0	692,278	0
100.00 Community Relations	0	122,427	58,163	0	19,136	0	0	138,335	0	0	1,205,802	0
100.01 Foundation	0	113,983	11,405	0	4,581	0	0	121,097	0	0	1,056,397	0
100.02 Fund Raising	0	31,162	0	0	0	0	0	73,562	0	0	642,736	0
100.03 Community Service	0	62,973	12,545	0	5,346	0	0	98,513	0	0	859,482	0
100.04 Paramedic	0	34,168	0	0	690	0	0	23,209	0	0	201,839	0
100.05	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	0	0	0	0	0	0	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
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	31,579,501	1,249,936	5,409,452	1,356,299	3,241,941	5,963,193	28,900,210	0	0	253,082,352	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

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	203,400	468,183	12,812	136,100	112,595	52,897	0	133,227	18,384	117,579	248,767	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	252,189	580,484	30,373	168,746	0	84,684	0	213,259	11,213	13,897	274,918	0
40.00 Anesthesiology	1,606	3,697	0	1,075	0	853	0	0	2,970	453	20,585	0
41.00 Radiology - Diagnostic	54,072	124,461	10,355	36,181	0	36,470	0	0	25,620	15,916	222,787	0
42.00 Radiology - Therapeutic	63,820	146,900	1,575	42,704	0	5,066	0	0	1,450	258	77,685	0
43.00 Radioisotope	32,773	75,438	957	21,930	0	1,936	0	0	253	1,848	37,869	0
43.01 Ultrasound	12,905	29,705	0	8,635	0	5,356	0	0	1,624	10,797	112,019	0
43.02 CAT Scan	18,485	42,548	0	12,369	0	3,889	0	0	15,110	100,124	386,725	0
43.03 Magnetic Resonance Imaging (MRI)	24,288	55,905	0	16,252	0	1,825	0	0	190	18,536	65,691	0
44.00 Laboratory	94,913	218,470	9	63,509	0	51,617	0	0	209,571	49,353	826,111	0
46.00 Whole Blood & packed Red Blood Cel	3,983	9,168	0	2,665	0	0	0	0	368,474	0	17,664	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	19,228	44,258	124	12,866	0	35,626	0	0	5,054	32,593	247,244	0
50.00 Physical Therapy	105,664	243,217	1,237	70,703	0	11,258	0	0	491	25	31,305	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	9,813	22,589	182	6,566	0	9,262	0	0	310	1,984	148,036	0
54.00 Electroencephalography	4,986	11,476	0	3,336	0	34	0	0	315	0	7,751	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	1,195,795	0	528,251	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	5,121,965	698,432	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Laboratory - Pathological	24,520	56,439	0	16,407	0	2,397	0	0	2,144	0	22,283	0
59.01 Pulmonary Function Testing	20,797	47,870	14	13,916	0	878	0	0	34	35	3,584	0
59.02 Respiratory - Neonatal	3,992	9,189	0	2,671	0	4,734	0	0	3,002	268	52,244	0
59.03 Cardiac Catheterization Laboratory	11,856	27,290	760	7,933	0	5,876	0	0	12,297	59,783	71,910	0
60.00 Psych Day Care	19,283	44,386	0	12,903	54,998	3,045	0	7,682	0	0	8,966	661,760
60.01 Satellite Clinic	82,574	190,068	933	55,253	0	36,538	0	92,067	2,203	30,050	51,069	0
60.02 Perinatal Clinic	0	0	403	0	0	5,211	0	13,116	710	0	48,261	0
60.03 Gestational Diabetes Clinic	0	0	0	0	0	2,013	0	5,082	5	0	6,694	0
60.04 Childrens Center	22,904	52,721	0	15,326	0	16,069	0	40,461	0	0	13,255	0
60.05 Renal Dialysis Clinic	123,620	284,547	1,735	82,717	0	0	0	0	1,284	6,531	73,600	0
60.06 High Risk Infant Clinic	0	0	0	0	0	2,021	0	5,076	8	249,689	8,979	0
60.07 Pain Clinic	0	0	0	0	0	375	0	942	0	859	305	0
60.08 Wound Clinic	0	0	30	0	0	3,019	0	7,622	15,775	2,457	15,020	0
61.00 Emergency	166,346	382,893	29,268	111,307	104,626	88,087	0	221,903	63,086	164,675	762,416	0
NONREBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	13,574	31,244	0	9,082	0	4,896	0	0	0	0	0	0
100.00 Community Relations	2,033	4,680	0	1,361	0	6,542	0	0	2,769	4,105	0	0
100.01 Foundation	4,456	10,258	0	2,982	0	3,574	0	0	0	0	0	0
100.02 Fund Raising	0	0	0	0	0	3,522	0	0	0	0	0	0
100.03 Community Service	0	0	0	0	0	4,162	0	0	0	0	0	0
100.04 Paramedic	1,077	2,479	0	721	0	1,859	0	0	0	0	0	0
100.05	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	0	0	0	0	0	0	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
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	3,329,273	7,398,667	279,827	2,127,599	6,284,961	1,180,889	0	2,196,336	2,082,690	6,087,307	9,338,494	661,760

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Fiscal Period Ended:
JUNE 30, 2008

Provider Name:
SAINT FRANCIS MEDICAL CENTER

	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 26.00	TOTAL COST 27.00
GENERAL SERVICE COST CENTER											
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 Equipme											
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00 Employee Benefits											
6.01 Communications											
6.02 Information Services											
6.03 Purchasing & Stores											
6.04 Admitting											
6.05 Patient Financial Services											
6.06 Other Admin & General											
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 & 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	0									
21.00	0	0									
22.00	0	0									
23.00	0	0			0						
24.00	0	0			0						
25.00	0	0			0						
26.00	0	0			1,790,392						67,314,037
27.00	0	0			142,227						21,175,830
30.00	0	0			0						0
29.00	0	0			43,675						11,346,075
30.00 Neonatal Intensive Care Unit	0	0			0						0
30.00 Surgical Intensive Care	0	0			0						0
30.00 NICU	0	0			0						0
31.00 Subprovider II	0	0			0						0
32.00	0	0			0						0
33.00 Nursery	0	0			0						0
34.00 Skilled Nursing Facility	0	0			46,229						4,064,108
35.00 Distinct Part Nursing Facility	0	0			20,469						3,777,349
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:
 SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
 JUNE 30, 2008

	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	POST STEP-DOWN ADJUSTMENT	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	37,728	0	0	0	11,953,726	0	11,953,726
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	32,948	0	0	0	18,454,148	0	18,454,148
40.00 Anesthesiology	0	0	0	0	0	0	0	0	342,483	0	342,483
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	6,435,668	0	6,435,668
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	1,890,061	0	1,890,061
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,219,650	0	1,219,650
43.01 Ultrasound	0	0	0	0	0	0	0	0	1,370,008	0	1,370,008
43.02 CAT Scan	0	0	0	0	0	0	0	0	2,556,541	0	2,556,541
43.03 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	834,913	0	834,913
44.00 Laboratory	0	0	0	0	0	0	0	0	12,608,439	0	12,608,439
46.00 Whole Blood & packed Red Blood Cells	0	0	0	0	0	0	0	0	3,900,720	0	3,900,720
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	6,066,094	0	6,066,094
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,611,938	0	2,611,938
51.00 Occupational Therapy	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
53.00 Electrocardiology	0	0	0	0	0	0	0	0	1,893,995	0	1,893,995
54.00 Electroencephalography	0	0	0	0	0	0	0	0	223,429	0	223,429
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	13,683,794	0	13,683,794
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	16,891,595	0	16,891,595
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00 Laboratory - Pathological	0	0	0	0	0	0	0	0	598,992	0	598,992
59.01 Pulmonary Function Testing	0	0	0	0	0	0	0	0	362,603	0	362,603
59.02 Respiratory - Neonatal	0	0	0	0	0	0	0	0	899,189	0	899,189
59.03 Cardiac Catheterization Laboratory	0	0	0	0	0	0	0	0	2,257,866	0	2,257,866
60.00 Psych Day Care	0	0	0	0	18,645	0	0	0	1,299,212	0	1,299,212
60.01 Satellite Clinic	0	0	0	0	13,792	0	0	0	5,093,517	0	5,093,517
60.02 Perinatal Clinic	0	0	0	0	2,299	0	0	0	1,069,737	0	1,069,737
60.03 Gestational Diabetes Clinic	0	0	0	0	0	0	0	0	274,472	0	274,472
60.04 Childrens Center	0	0	0	0	0	0	0	0	2,536,205	0	2,536,205
60.05 Renal Dialysis Clinic	0	0	0	0	0	0	0	0	3,485,047	0	3,485,047
60.06 High Risk Infant Clinic	0	0	0	0	0	0	0	0	910,040	0	910,040
60.07 Pain Clinic	0	0	0	0	12,260	0	0	0	83,638	0	83,638
60.08 Wound Clinic	0	0	0	0	0	0	0	0	866,176	0	866,176
61.00 Emergency	0	0	0	0	71,478	0	0	0	17,957,150	0	17,957,150
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	751,073	0	751,073
100.00 Community Relations	0	0	0	0	0	0	0	0	1,227,291	0	1,227,291
100.01 Foundation	0	0	0	0	0	0	0	0	1,077,667	0	1,077,667
100.02 Fund Raising	0	0	0	0	0	0	0	0	646,258	0	646,258
100.03 Community Service	0	0	0	0	0	0	0	0	863,644	0	863,644
100.04 Paramedic	0	0	0	0	0	0	0	0	207,974	0	207,974
100.05	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	0	0	0	0	0	0	0	0	0	0	0
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
100.03	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	2,232,143	0	0	0	253,082,352	0	253,082,352

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (HR SERV) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUS) (Adj)	MED REC (TIME SPENT) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT
ANCILLARY COST CENTERS												
37.00	21,908	113,323	21,908	6,019	6,202		128,998	150,102	197,966	39,501,240		
38.00												
39.00	27,163	268,649	27,163		9,929		206,490	91,554	23,399	43,653,737		
40.00	173		173		100			24,252	762	3,268,699		
41.00	5,824	91,592	5,824		4,276			209,178	26,798	35,375,964		
42.00	6,874	13,931	6,874		594			11,839	435	12,335,372		
43.00	3,530	8,462	3,530		227			2,068	3,111	6,013,134		
43.01	1,390		1,390		628			13,257	18,178	17,787,235		
43.02	1,991		1,991		456			123,374	168,578	61,407,221		
43.03	2,616		2,616		214			31,208	31,208	10,430,963		
44.00	10,223	84	10,223		6,052			1,711,102	83,095	131,176,484		
46.00	429		429					3,008,512	2,804,869			
47.00												
48.00												
49.00	2,071	1,098	2,071		4,177			41,261	54,876	39,259,424		
50.00	11,381	10,939	11,381		1,320			4,005	42	4,970,904		
51.00												
52.00												
53.00	1,057	1,614	1,057		1,086			2,531	3,341	23,506,389		
54.00	537		537		4			2,568	1,230,713			
55.00								9,763,408	83,879,990			
56.00									8,623,790	110,902,677		
57.00												
58.00												
59.00	2,641		2,641		281			17,506	3,538,257			
59.01	2,240	128	2,240		103			281	569,031			
59.02	430		430		555			24,513	8,295,719			
59.03	1,277	6,724	1,277		689			100,399	11,418,492			
60.00	2,077		2,077	2,940	357		7,438		100,656			
60.01	8,894	8,256	8,894		4,284		89,145	17,989	50,595	8,109,148	100	
60.02		3,561					12,700	5,793	7,663,297			
60.03					236		4,921		1,062,979			
60.04	2,467		2,467		1,884		39,177	43	2,104,746			
60.05	13,315	15,343	13,315				4,915	10,484	10,996	11,686,759		
60.06					237		912	64	420,398	1,425,705		
60.07					44		7,380	128,800	1,447	48,508		
60.08		261			354		214,859	4,137	4,137	2,364,970		
61.00	17,917	258,871	17,917	5,593	10,328			515,087	277,262	121,062,531		
NONREIMBURSABLE COST CENTERS												
96.00	1,462		1,462		574			22,611	6,911			
100.00	219		219		767							
100.01	480		480		419							
100.02					413							
100.03	116		116		488							
100.04					218							
100.05												
99.04												
99.05												
100.00												
100.01												
100.02												
100.03												
100.04												
TOTAL	346,211	2,475,029	342,479	335,975	138,456	0	2,126,619	17,004,715	10,249,125	1,006,476,840	100	0
COST TO BE ALLOCATED	7,398,667	279,827	2,127,599	6,284,961	1,180,889	0	2,196,336	2,082,690	6,087,307	6,338,494	661,760	0
UNIT COST MULTIPLIER - SCH 8	21,370,399	0,113,060	6,212,349	18,706,634	8,528,982	0,000,000	1,032,783	0,122,477	0,593,934	0,006,298	6617,603854	0,000,000

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
 JUNE 30, 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)
GENERAL SERVICE COST CENTERS							
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)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(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							
5.00 Communications							
6.01 Information Services							
6.02 Purchasing & Stores							
6.03 Admitting							
6.04 Patient Financial Services							
6.05 Other Admin & General							
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 & Supply							
16.00 Pharmacy							
17.00 Medical Records and Library							
18.00 Social Service							
19.00							
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							
INPATIENT ROUTINE COST CENTERS							
25.00 Adults & Pediatrics (Gen Routine)				49,069			
26.00 Intensive Care Unit				3,898			
27.00 Coronary Care Unit				1,197			
30.00 Neonatal Intensive Care Unit							
29.00 Surgical Intensive Care							
30.00 NICU							
31.00 Subprovider II							
32.00							
33.00 Nursery							1,267
34.00 Skilled Nursing Facility							561
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:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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)
ANCILLARY COST CENTERS							
37.00 Operating Room	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
38.00 Recovery Room				1,034			
39.00 Delivery Room and Labor Room				903			
40.00 Anesthesiology							
41.00 Radiology - Diagnostic							
42.00 Radiology - Therapeutic							
43.00 Radioisotope							
43.01 Ultrasound							
43.02 CAT Scan							
43.03 Magnetic Resonance Imaging (MRI)							
44.00 Laboratory							
46.00 Whole Blood & packed Red Blood Cells							
47.00 Blood Storing and Processing							
48.00 Intravenous Therapy							
49.00 Respiratory Therapy							
50.00 Physical Therapy							
51.00 Occupational Therapy							
52.00 Speech Pathology							
53.00 Electrocardiology							
54.00 Electroencephalography							
55.00 Medical Supplies Charged to Patients							
56.00 Drugs Charged to Patients							
57.00 Renal Dialysis							
58.00 ASC (Non-Distinct Part)							
59.00 Laboratory - Pathological							
59.01 Pulmonary Function Testing							
59.02 Respiratory - Neonatal							
59.03 Cardiac Catheterization Laboratory							
60.00 Psych Day Care							
60.01 Satellite Clinic				511			
60.02 Perinatal Clinic				378			
60.03 Gestational Diabetes Clinic				63			
60.04 Childrens Center							
60.05 Renal Dialysis Clinic							
60.06 High Risk Infant Clinic							
60.07 Pain Clinic				336			
60.08 Wound Clinic							
61.00 Emergency				1,959			
NONREIMBURSABLE COST CENTERS							
96.00 Gift, Flower, Coffee Shop & Canteen							
100.00 Community Relations							
100.01 Foundation							
100.02 Fund Raising							
100.03 Community Service							
100.04 Paramedic							
100.05							
99.04							
99.05							
100.00							
100.01							
100.02							
100.03							
100.04							
TOTAL	0	0	0	61,176	0	0	0
COST TO BE ALLOCATED	0	0	0	2,232,143	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	36.487232	0.000000	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	11,466,056	1,659,111	13,125,167
4.00	New Cap Rel Costs-Movable Equipment	5,573,647	0	5,573,647
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	33,339,741	(1,876,639)	31,463,102
6.01	Communications	1,098,521	0	1,098,521
6.02	Information Services	5,224,006	0	5,224,006
6.03	Purchasing & Stores	1,023,181	0	1,023,181
6.04	Admitting	2,129,965	0	2,129,965
6.05	Patient Financial Services	3,625,721	0	3,625,721
6.06	Other Admin & General	31,048,563	(5,590,022)	25,458,541
6.07			0	0
6.08			0	0
6.00	Administrative and General		0	0
7.00	Maintenance and Repairs	2,280,098	0	2,280,098
8.00	Operation of Plant	5,452,415	0	5,452,415
9.00	Laundry and Linen Service	127,165	0	127,165
10.00	Housekeeping	1,344,614	0	1,344,614
11.00	Dietary	3,873,993	0	3,873,993
12.00	Cafeteria	230,701	0	230,701
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,259,263	0	1,259,263
15.00	Central Services & Supply	1,151,778	0	1,151,778
16.00	Pharmacy	3,891,610	0	3,891,610
17.00	Medical Records and Library	3,720,043	0	3,720,043
18.00	Social Service	459,066	0	459,066
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School	847,701	0	847,701
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	33,477,938	0	33,477,938
26.00	Intensive Care Unit	12,339,611	0	12,339,611
27.00	Coronary Care Unit		0	0
30.00	Neonatal Intensive Care Unit	7,007,244	0	7,007,244
29.00	Surgical Intensive Care		0	0
30.00	NICU		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	2,329,887	0	2,329,887
34.00	Skilled Nursing Facility	1,682,744	0	1,682,744
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:
SAINT FRANCIS MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 6,290,243	\$ 0	\$ 6,290,243
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	10,740,597	0	10,740,597
40.00	Anesthesiology	210,497	0	210,497
41.00	Radiology - Diagnostic	3,731,219	0	3,731,219
42.00	Radiology - Therapeutic	820,497	0	820,497
43.00	Radioisotope	612,013	0	612,013
43.01	Ultrasound	715,901	0	715,901
43.02	CAT Scan	1,049,003	0	1,049,003
43.03	Magnetic Resonance Imaging (MRI)	324,632	0	324,632
44.00	Laboratory	6,956,545	0	6,956,545
46.00	Whole Blood & packed Red Blood Cells	3,052,101	0	3,052,101
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	3,673,836	0	3,673,836
50.00	Physical Therapy	1,062,118	0	1,062,118
51.00	Occupational Therapy		0	0
52.00	Speech Pathology		0	0
53.00	Electrocardiology	991,502	0	991,502
54.00	Electroencephalography	136,487	0	136,487
55.00	Medical Supplies Charged to Patients	9,763,409	0	9,763,409
56.00	Drugs Charged to Patients	8,623,790	0	8,623,790
57.00	Renal Dialysis		0	0
58.00	ASC (Non-Distinct Part)		0	0
59.00	Laboratory - Pathological	238,011	0	238,011
59.01	Pulmonary Function Testing	116,426	0	116,426
59.02	Respiratory - Neonatal	511,455	0	511,455
59.03	Cardiac Catheterization Laboratory	1,400,402	0	1,400,402
60.00	Psych Day Care	266,597	0	266,597
60.01	Satellite Clinic	2,728,019	0	2,728,019
60.02	Perinatal Clinic	644,300	0	644,300
60.03	Gestational Diabetes Clinic	170,290	0	170,290
60.04	Childrens Center	1,495,276	0	1,495,276
60.05	Renal Dialysis Clinic	1,852,262	0	1,852,262
60.06	High Risk Infant Clinic	526,174	0	526,174
60.07	Pain Clinic	25,453	0	25,453
60.08	Wound Clinic	622,104	0	622,104
61.00	Emergency	10,062,221	0	10,062,221
	SUBTOTAL	\$ 255,418,652	\$ (5,807,550)	\$ 249,611,102
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	494,241	0	494,241
100.00	Community Relations	851,689	0	851,689
100.01	Foundation	768,766	0	768,766
100.02	Fund Raising	538,012	0	538,012
100.03	Community Service	680,104	0	680,104
100.04	Paramedic	138,437	0	138,437
100.05			0	0
99.04			0	0
99.05			0	0
100.00			0	0
100.01			0	0
100.02			0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 3,471,249	\$ 0	\$ 3,471,249
101	TOTAL	\$ 258,889,901	\$ (5,807,550)	\$ 253,082,351

(To Schedule 8)

Provider Name:
SAINT FRANCIS MEDICAL CENTER

	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	AUDIT ADJ
	(Page 1 & 2)	1																		
ANCILLARY COST CENTERS																				
37.00	Operating Room																			
38.00	Recovery Room																			
39.00	Delivery Room and Labor Room																			
40.00	Anesthesiology																			
41.00	Radiology - Diagnostic																			
42.00	Radiology - Therapeutic																			
43.00	Radioisotope																			
43.01	Ultrasound																			
43.02	CAT Scan																			
43.03	Magnetic Resonance Imaging (MRI)																			
44.00	Laboratory																			
46.00	Whole Blood & packed Red Blood Cells																			
47.00	Blood Storing and Processing																			
48.00	Intravenous Therapy																			
49.00	Respiratory Therapy																			
50.00	Physical Therapy																			
51.00	Occupational Therapy																			
52.00	Speech Pathology																			
53.00	Electrocardiology																			
54.00	Electroencephalography																			
55.00	Medical Supplies Charged to Patients																			
56.00	Drugs Charged to Patients																			
57.00	Renal Dialysis																			
58.00	ASC (Non-Distinct Part)																			
59.00	Laboratory - Pathological																			
59.01	Pulmonary Function Testing																			
59.02	Respiratory - Neonatal																			
59.03	Cardiac Catheterization Laboratory																			
60.00	Psych Day Care																			
60.01	Satellite Clinic																			
60.02	Perinatal Clinic																			
60.03	Gestational Diabetes Clinic																			
60.04	Childrens Center																			
60.05	Renal Dialysis Clinic																			
60.06	High Risk Infant Clinic																			
60.07	Pain Clinic																			
60.08	Wound Clinic																			
61.00	Emergency																			
NONREIMBURSABLE COST CENTERS																				
96.00	Gift, Flower, Coffee Shop & Canteen																			
100.00	Community Relations																			
100.01	Foundation																			
100.02	Fund Raising																			
100.03	Community Service																			
100.04	Paramedic																			
100.05																				
99.04																				
99.05																				
100.00																				
100.01																				
100.02																				
100.03																				
100.04																				
101.00	TOTAL	(\$5,807,550)																		0

(To Sctn 10)

Provider Name		Fiscal Period		Provider Number		Adjustments	
SAINT FRANCIS MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30104G		12	
Report References							
Adj. No.	Audit Report	Cost Report					
		Work Sheet	Part	Title	Line	Col.	
<p>Explanation of Audit Adjustments</p> <p><u>MEMORANDUM ADJUSTMENT</u></p> <p>Psychiatric Day Care cost was reported in line 61.01 in the cost report. In order to accommodate this cost center in the Audit Report, line 60 will be used to reflect Psychiatric Day Care costs, charges and statistics. Line 60 was used since the provider did not report any costs on that line.</p>							
1						As Reported	As Adjusted

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAINT FRANCIS MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30104G		12			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
2	10A	A			3.00	7	\$11,466,056	\$1,659,111	\$13,125,167
	10A	A			5.00	7	33,339,741	(1,876,639)	31,463,102
	10A	A			6.00	7	31,048,563	(5,590,022)	25,458,541
<p>Explanation of Audit Adjustments</p> <p>ADJUSTMENT TO REPORTED COSTS</p> <p>3.00 7 New Cap Rel Costs-Bldg & Fixtures</p> <p>5.00 7 Employee Benefits</p> <p>6.00 7 Administrative and General</p> <p>To adjust home office costs to agree with the filed Home Office Cost Report.</p> <p>42 CFR 413.17 and 413.24</p> <p>CMS Pub. 15-1, Sections 2150.2 and 2304</p>									

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT FRANCIS MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30104G		12		
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								
3	4A	Not Reported				0	51	51
	4A	Not Reported				\$0.00	\$310.68	\$310.68
	4A	Not Reported				0	250	250
	4A	Not Reported				\$0.00	\$318.19	\$318.19
Medi-Cal Days Administrative Days (July 1, 2007 through July 31, 2007) Medi-Cal Days Administrative Days Rate (July 1, 2007 through July 31, 2007) Medi-Cal Days Administrative Days (August 1, 2007 through June 30, 2008) Medi-Cal Days Administrative Days Rate (August 1, 2007 through June 30, 2008)								
4	6	Not Reported				\$0	\$11,629	\$11,629
	6	Not Reported				0	17,657	17,657
	6	Not Reported				0	66,997	66,997
	6	Not Reported				0	2,550	2,550
	6	Not Reported				0	102,949	102,949
	6	Not Reported				0	201,782	201,782
Medi-Cal Ancillary Charges - Radiology - Diagnostic Medi-Cal Ancillary Charges - Ultrasound Medi-Cal Ancillary Charges - Laboratory Medi-Cal Ancillary Charges - Physical Therapy Medi-Cal Ancillary Charges - Drugs Charged to Patients Medi-Cal Ancillary Charges - Total								
5	2	Not Reported				\$0	\$268,667	\$268,667
	2	Not Reported				0	201,782	201,782
Medi-Cal Routine Service Charges Medi-Cal Ancillary Service Charges								
6	3	Not Reported				\$0	\$229	\$229
	1	Not Reported				0	106,052	106,052
Medi-Cal Deductibles Medi-Cal Interim Payments								
To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: EDS Report Date: January 19, 2010 Payment Period: July 1, 2007 through November 30, 2009 Service Period: July 1, 2007 through June 30, 2008 42 CFR 413.20, 413.24, 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				
SAINT FRANCIS MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30104G		12				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
7	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	31,560	(7,104)	24,456
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	9,097	(172)	8,925
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	3,712	4,821	8,533
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	7,125	(1)	7,124
8	Contract 6	D-4	XIX	XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$3,355,473	\$5,086,533	\$8,442,006
	Contract 6	D-4	XIX	XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	19,739,992	(9,635,656)	10,104,336
	Contract 6	D-4	XIX	XIX	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	284,837	269,389	554,226
	Contract 6	D-4	XIX	XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	3,422,514	2,256,775	5,679,289
	Contract 6	D-4	XIX	XIX	42.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	78,281	68,407	146,688
	Contract 6	D-4	XIX	XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	866,124	240,468	1,106,592
	Contract 6	D-4	XIX	XIX	43.01	2	Medi-Cal Ancillary Charges - Ultrasound	2,021,336	939,422	2,960,758
	Contract 6	D-4	XIX	XIX	43.02	2	Medi-Cal Ancillary Charges - CAT Scan	3,517,492	6,319,063	9,836,555
	Contract 6	D-4	XIX	XIX	43.03	2	Medi-Cal Ancillary Charges - MRI	1,161,036	350,116	1,511,152
	Contract 6	D-4	XIX	XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	24,732,681	16,907,176	41,639,857
	Contract 6	D-4	XIX	XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	452,504	518,449	970,953
	Contract 6	D-4	XIX	XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	7,090,760	9,814,898	16,905,658
	Contract 6	D-4	XIX	XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	356,657	671,776	1,028,433
	Contract 6	D-4	XIX	XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	3,567,526	1,750,520	5,318,046
	Contract 6	D-4	XIX	XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	201,751	45,925	247,676
	Contract 6	D-4	XIX	XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	14,084,737	5,589,015	19,673,752
	Contract 6	D-4	XIX	XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	26,018,832	15,515,885	41,534,717
	Contract 6	D-4	XIX	XIX	59.00	2	Medi-Cal Ancillary Charges - Laboratory - Pathological	746,861	(746,861)	0
	Contract 6	D-4	XIX	XIX	59.01	2	Medi-Cal Ancillary Charges - Laboratory - Pulmonary Functional Testing	40,348	170,937	211,285
	Contract 6	D-4	XIX	XIX	59.02	2	Medi-Cal Ancillary Charges - Respiratory - Neonatal	2,696,404	383,851	3,080,255
	Contract 6	D-4	XIX	XIX	59.03	2	Medi-Cal Ancillary Charges - Cardiac Cath Laboratory	1,079,401	4,418,684	5,498,085
	Contract 6	D-4	XIX	XIX	60.02	2	Medi-Cal Ancillary Charges - Perinatal Clinic	718,782	(718,782)	0
	Contract 6	D-4	XIX	XIX	60.05	2	Medi-Cal Ancillary Charges - Renal Dialysis Clinic	3,295,286	887,994	4,183,280
	Contract 6	D-4	XIX	XIX	60.07	2	Medi-Cal Ancillary Charges - Pain Clinic	0	5,486	5,486
	Contract 6	D-4	XIX	XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	7,125,961	3,039,683	10,165,644
	Contract 6	D-4	XIX	XIX	101.00	2	Medi-Cal Ancillary Charges - Total	126,655,576	64,149,153	190,804,729

-Continued on next page-

Provider Name		Fiscal Period		Provider Number		Adjustments				
SAINT FRANCIS MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30104G		12				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA - CONTRACT										
-Continued from previous page-										
9	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$52,924,544	\$34,101,630	\$87,026,174
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	126,655,576	64,149,153	190,804,729
10	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$161,040	\$161,040
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	0	630,408	630,408
<p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:</p> <p>EDS Report Date: January 19, 2010 Payment Period: July 1, 2007 through November 30, 2009 Service Period: July 1, 2007 through June 30, 2008</p> <p>42 CFR 413.20, 413.24, 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</p>										

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAINT FRANCIS MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30104G		12			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
11	DPNF 1	S-3	I	XIX	15.00	5	1,563	157	1,720
<p>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</p> <p>Medi-Cal Days - Skilled Nursing Facility To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: December 15, 2009 Payment Period: July 1, 2007 through November 30, 2009 Service Period: July 1, 2007 through June 30, 2008 42 CFR 413.20, 413.24, 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</p>									
12	DPNF 4	Not Reported					\$0	\$210,985	\$210,985
	DPNF 4	Not Reported					0	65,994	65,994
	DPNF 4	Not Reported					0	276,979	276,979
<p>Total Ancillary Charges - Respiratory Therapy Total Ancillary Charges - Medical Supplies Charged to Patients Total Ancillary Charges To include DPNF ancillary charges for proper cost determination. CCR, Title 22, Section 51511(c) / CMS Pub. 15-1, Section 2304</p>									