

**REPORT
ON THE
COST REPORT REVIEW**

**SETON MEDICAL CENTER
DALY CITY, CALIFORNIA
PROVIDER NOS: HSC/ZZR00289G,
LTC55235G, LTC70037G
NPI NOS: 1154428688, 1932200441, 1679608640**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Louise Wong
Audit Supervisor: David Mui
Auditor: Marisa N. Ho**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

March 26, 2010

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

PROVIDER: SETON MEDICAL CENTER
PROVIDER NOS. HSC/ZZR00289G, LTC55235G, AND LTC70037G
NPI NOS. 1154428688, 1932200441, AND 1679608640
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 State in the amount of \$16,637, 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 Audited Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Audited Medi-Cal Cost (CONTRACT Schedules)
4. Computation of Audited Distinct Part Nursing Facility Per Diem (DPNF Schedules)
5. Computation of Audited Subacute Per Diem (ADULT SUBACUTE Schedules)
6. 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:

John Melton, Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
MS 0017
Sacramento, CA 95814
(916) 322-5603

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

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

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZR00289G	Reported	\$ 0	
	Net Change	\$ (16,637)	
	Audited Amount Due Provider (State)	\$ (16,637)	
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. HSC00289G	Reported		\$ 11,901,502
	Net Change		\$ (7,231,544)
	Audited Cost		\$ 4,669,958
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No. LTC55235G	Reported		\$ 465.12
	Net Change		\$ 28.00
	Audited Cost Per Day		\$ 493.12
	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. LTC70037G	Reported		\$ 785.99
	Net Change		\$ 42.25
	Audited Cost Per Day		\$ 828.24
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ (16,637)	
9. Total Medi-Cal Cost			\$ 4,669,958

SUMMARY OF FINDINGS

Provider Name:
SETON 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)		\$ (16,637)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZR00289G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 59,223
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	\$ _____ 59,223
6. Interim Payments (Adj 9)	\$ _____ 0	\$ _____ (75,860)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ (16,637)
8. Duplicate Payments (Adj)	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (16,637)
		(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZR00289G

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 72,197

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 8) \$ 0 \$ 561,7683. Inpatient Ancillary Service Charges (Adj 8) \$ 0 \$ 278,1254. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 839,8935. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 767,6966. 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:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZR00289G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 35,688
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 36,509
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4.	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 0	\$ 72,197
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 0	\$ 72,197
		(To Schedule 2)
9. Coinsurance (Adj 9)	\$ 0	\$ (12,974)
10. Patient and Third Party Liability (Adj)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 59,223
		(To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZR00289G

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 5)	46,323	46,564
2. Inpatient Days (include private, exclude swing-bed)	46,323	46,564
3. Private Room Days (exclude swing-bed private room) (Adj 5)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	46,323	46,564
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 25)	\$ 59,308,295	\$ 59,246,686
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)	\$ 59,308,295	\$ 59,246,686

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 240,238,518	\$ 240,238,518
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 240,238,518	\$ 240,238,518
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.246873	\$ 0.246616
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 5,186.16	\$ 5,159.32
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)	\$ 59,308,295	\$ 59,246,686

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,280.32	\$ 1,272.37
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 36,509
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 36,509

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZR00289G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,257,223	\$ 903,567
2. Total Inpatient Days (Adj)	1,705	1,705
3. Average Per Diem Cost	\$ 1,910.39	\$ 529.95
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)	\$ 12,027,015	\$ 11,979,529
7. Total Inpatient Days (Adj)	4,120	4,120
8. Average Per Diem Cost	\$ 2,919.18	\$ 2,907.65
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)	\$ 10,655,522	\$ 10,812,714
12. Total Inpatient Days (Adj)	4,175	4,175
13. Average Per Diem Cost	\$ 2,552.22	\$ 2,589.87
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
21.		
22.		
23. Per Diem Rate (Adj 6)	\$ 0.00	\$ 159.10
24. Medi-Cal Inpatient Days (Adj 6)	0	2
25. Cost Applicable to Medi-Cal	\$ 0	\$ 318
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 6)	\$ 0.00	\$ 310.68
27. Medi-Cal Inpatient Days (Adj 6)	0	11
28. Cost Applicable to Medi-Cal	\$ 0	\$ 3,417
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj 6)	\$ 0.00	\$ 318.19
30. Medi-Cal Inpatient Days (Adj 6)	0	103
31. Cost Applicable to Medi-Cal	\$ 0	\$ 32,774
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 36,509

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SETON MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZR00289G

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:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
ZZR00289G

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 13,091,529	\$ 46,551,832	0.281225	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	2,076,319	9,753,262	0.212885	0	0
40.00	Anesthesiology	617,080	24,227,696	0.025470	0	0
41.00	Radiology - Diagnostic	11,048,531	34,164,283	0.323394	9,356	3,026
41.01	Radiology - P. O. B.	2,182,774	17,961,854	0.121523	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	3,733,789	35,728,737	0.104504	0	0
43.00	Radioisotope	2,816,838	21,822,957	0.129077	9,467	1,222
44.00	Laboratory	13,597,439	110,249,605	0.123333	47,717	5,885
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	2,094,232	2,391,108	0.875842	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	918,483	2,644,037	0.347379	0	0
49.00	Respiratory Therapy	7,315,993	61,636,378	0.118696	0	0
50.00	Physical Therapy	4,598,016	19,344,898	0.237686	26,825	6,376
51.00	Occupational Therapy	1,235,466	4,375,860	0.282337	4,406	1,244
52.00	Speech Pathology	324,425	1,907,513	0.170077	2,888	491
53.00	Electrocardiology	2,624,273	33,984,619	0.077219	0	0
54.00	Electroencephalography	132,023	523,728	0.252084	0	0
55.00	Medical Supplies Charged to Patients	25,075,039	198,819,832	0.126119	0	0
56.00	Drugs Charged to Patients	16,570,945	161,356,094	0.102698	168,150	17,269
57.00	Renal Dialysis	1,388,756	7,884,886	0.176129	0	0
58.00	ASC (Non-Distinct Part)	4,983,080	28,444,139	0.175188	0	0
59.00	Gastro Intestinal Services	2,030,220	8,806,895	0.230526	0	0
59.01	Cardiac Cath Lab	4,653,795	66,299,845	0.070193	0	0
59.02	CT/MRI	785,010	41,721,087	0.018816	9,316	175
59.03		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	Wound Care	2,904,288	7,249,740	0.400606	0	0
60.02	Out-Patient Psychiatry	833,059	986,994	0.844037	0	0
60.03	Diabetes Treatment Center	465,631	158,827	2.931689	0	0
60.04	OB/GYN Clinic	2,085,719	1,821,437	1.145096	0	0
61.00	Emergency	12,386,890	68,445,820	0.180974	0	0
62.00	Observation Beds	0	351,059	0.000000	0	0
71.00	Home Health Agency	7,689,116	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 150,258,757	\$ 1,019,615,022		\$ 278,125	\$ 35,688

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC00289G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 11,901,502	\$ 4,669,958
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.	\$ 0	\$ 0
5. Subtotal (Sum of Lines 1 through 4)	\$ 11,901,502	\$ 4,669,958
6.	\$ 0	\$ 0
7.	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 11,901,502	\$ 4,669,958
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
10. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0
11.	\$ 0	\$ 0
12.	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0
	(To Summary of Findings)	

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

**Provider Name:
SETON MEDICAL CENTER**

**Fiscal Period Ended:
JUNE 30, 2008**

**Provider No:
HSC00289G**

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>11,901,502</u>	\$ <u>4,854,096</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 12)	\$ <u>22,928,534</u>	\$ <u>10,953,425</u>
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3. Inpatient Ancillary Service Charges (Adj 12)	\$ <u>35,591,387</u>	\$ <u>16,062,391</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>58,519,921</u>	\$ <u>27,015,816</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>46,618,419</u>	\$ <u>22,161,720</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:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC00289G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>5,003,646</u>	\$ <u>2,145,570</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>6,897,856</u>	\$ <u>2,708,526</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>11,901,502</u>	\$ <u>4,854,096</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ <u>Contract Sch 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>11,901,502</u>	\$ <u>4,854,096</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 13)	\$ <u>0</u>	\$ <u>(8,248)</u>
10. Patient and Third Party Liability (Adj 13)	\$ <u>0</u>	\$ <u>(175,890)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>11,901,502</u>	\$ <u>4,669,958</u>
	(To Contract Sch 1)	

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

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC00289G

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 5)	46,323	46,564
2. Inpatient Days (include private, exclude swing-bed)	46,323	46,564
3. Private Room Days (exclude swing-bed private room) (Adj 5)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	46,323	46,564
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 10)	3,431	1,496

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 25)	\$ 59,308,295	\$ 59,246,686
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)	\$ 59,308,295	\$ 59,246,686

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 240,238,518	\$ 240,238,518
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 240,238,518	\$ 240,238,518
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.246873	\$ 0.246616
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 5,186.16	\$ 5,159.32
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)	\$ 59,308,295	\$ 59,246,686

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,280.32	\$ 1,272.37
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 4,392,778	\$ 1,903,466
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 2,505,078	\$ 805,060
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 6,897,856	\$ 2,708,526

(To Contract Sch 3)

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

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC00289G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,257,223	\$ 903,567
2. Total Inpatient Days (Adj)	1,705	1,705
3. Average Per Diem Cost	\$ 1,910.39	\$ 529.95
4. Medi-Cal Inpatient Days (Adj 10)	623	400
5. Cost Applicable to Medi-Cal	\$ 1,190,173	\$ 211,980
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 12,027,015	\$ 11,979,529
7. Total Inpatient Days (Adj)	4,120	4,120
8. Average Per Diem Cost	\$ 2,919.18	\$ 2,907.65
9. Medi-Cal Inpatient Days (Adj 10)	217	0
10. Cost Applicable to Medi-Cal	\$ 633,462	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 10,655,522	\$ 10,812,714
12. Total Inpatient Days (Adj)	4,175	4,175
13. Average Per Diem Cost	\$ 2,552.22	\$ 2,589.87
14. Medi-Cal Inpatient Days (Adj 10)	267	229
15. Cost Applicable to Medi-Cal	\$ 681,443	\$ 593,080
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
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)	\$ 2,505,078	\$ 805,060

(To Contract Sch 4)

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

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC00289G

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)

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

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55235G

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 0	\$ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 24,399,595	\$ 26,002,684	\$ 1,603,089
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 24,399,595	\$ 26,002,684	\$ 1,603,089
4. Total Distinct Part Patient Days (Adj 5)	52,459	52,731	272
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 465.12	\$ 493.12	\$ 28.00
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)	153	153	
10. Total Licensed Capacity (All levels) (Adj 15)	428	478	50
11. Total Medi-Cal DP Patient Days (Adj 14)	13,692	38,135	24,443
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 129,965	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 1,334,232	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 1,464,197	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 11,027,194	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 8,597,872	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 19,625,066	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55235G

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 12,111,585	\$ 12,111,585	\$ 0
1.00	Old Cap Rel Costs - Bldg and Fixtures		0	0
2.00	Old Cap Rel Costs - Movable Equipment		0	0
3.00	New Cap Rel Costs - Bldg and Fixtures	236,124	236,124	(0)
3.01	New Cap Rel Costs - Bldg (Coastside)	128,278	128,277	(1)
4.00	New Cap Rel Costs - Movable Equipment	211,857	211,857	0
4.01	New Cap Rel Costs - Equip (Coastside)	134,989	134,989	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	3,568,995	3,579,077	10,082
6.01	Non-Patient Telephones	22,929	22,937	8
6.02	Data Processing		0	0
6.03	Purchasing/Receiving	102,590	102,613	23
6.04	Patient Admitting	92,667	92,700	33
6.05	Patient Business Office	188,959	188,977	18
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	1,565,799	1,566,352	553
7.00	Maintenance and Repairs	544,395	544,579	184
8.00	Operation of Plant	429,222	429,217	(5)
9.00	Laundry and Linen Service	792,197	792,274	77
10.00	Housekeeping	1,057,778	1,058,341	563
11.00	Dietary	585,284	2,144,002	1,558,718
12.00	Cafeteria	397,948	427,168	29,220
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,474,757	1,477,195	2,438
15.00	Central Services and Supply	219,674	219,726	52
16.00	Pharmacy	8,045	8,056	11
17.00	Medical Records and Library	139,406	139,625	219
18.00	Social Service	386,117	387,013	896
19.00			0	0
19.02			0	0
19.03			0	0
21.00	Nursing School		0	0
21.01	Clinical Pastoral Education		0	0
22.00	Intern and Res Service - Salary and Fringes		0	0
23.00	Intern and Res - Other Program		0	0
24.00	Paramedical Ed Program		0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 24,399,595	\$ 26,002,684	\$ 1,603,089

(To DPNF Sch 1)

* From Schedule 8, Part I, line 34

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

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55235G

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs - Bldg and Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs - Movable Equipment	0	N/A
3.00	New Cap Rel Costs - Bldg and Fixtures	236,124	N/A
3.01	New Cap Rel Costs - Bldg (Coastside)	128,277	N/A
4.00	New Cap Rel Costs - Movable Equipment	211,857	N/A
4.01	New Cap Rel Costs - Equip (Coastside)	134,989	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	17,363	3,561,714
6.01	Non-Patient Telephones	271	10,911
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	17,374	32,637
6.04	Patient Admitting	6,184	62,803
6.05	Patient Business Office	384	64
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	45,831	457,681
7.00	Maintenance and Repairs	22,945	271,871
8.00	Operation of Plant	29,023	17,111
9.00	Laundry and Linen Service	57,203	144,864
10.00	Housekeeping	23,505	801,875
11.00	Dietary	172,916	1,261,829
12.00	Cafeteria	41,853	309,334
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	32,725	1,202,073
15.00	Central Services and Supply	132,746	36,342
16.00	Pharmacy	1,149	5,627
17.00	Medical Records and Library	13,143	73,593
18.00	Social Service	8,370	347,544
19.00		0	0
19.02		0	0
19.03		0	0
21.00	Nursing School	0	0
21.01	Clinical Pastoral Education	0	0
22.00	Intern and Res Service - Salary and Fringes	0	0
23.00	Intern and Res - Other Program	0	0
24.00	Paramedical Ed Program	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 1,334,232	\$ 8,597,872

* These amounts include Skilled Nursing Facility expenses,
line 34.

(To DPNF SCH 1)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC70037G

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 0	\$ 0	\$ 0
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 12,240,180	\$ 12,898,180	\$ 658,000
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 12,240,180	\$ 12,898,180	\$ 658,000
4. Total Adult Subacute Patient Days (Adj)	15,573	15,573	0
5. Average Adult Subacute Per Diem Cost (L3 / L4)	\$ 785.99	\$ 828.24	\$ 42.25

ADULT SUBACUTE OVERPAYMENT & 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. Contracted Number of Adult Subacute Beds (Adj)	44	44	0
10. Total Licensed Nursing Facility Beds (Adj)	197	197	0
11. Total Licensed Capacity (All levels of care)(Adj 18)	428	478	50
12. Total Medi-Cal Adult Subacute Patient Days (Adj 16)	0	13,339	13,339

CAPITAL RELATED COST

13. Direct Capital Related Cost	N/A	\$ 113,214	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 852,781	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 965,995	N/A

TOTAL SALARY & BENEFITS

16. Direct Salary & Benefits Expenses	N/A	\$ 5,545,755	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 3,790,999	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 9,336,754	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj 17)	AUDITED TOTAL DAYS (Adj 5)	AUDITED MEDI-CAL DAYS (Adj 16)
19. Ventilator (Equipment Cost Only)	\$ 68,282	11,832	10,135
20. Nonventilator	N/A	3,741	N/A
21. TOTAL	N/A	15,573	N/A

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC70037G

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 6,462,288	\$ 6,462,288	\$ 0
1.00	Old Cap Rel Costs - Bldg and Fixtures	0	0	0
2.00	Old Cap Rel Costs - Movable Equipment	0	0	0
3.00	New Cap Rel Costs - Bldg and Fixtures	245,950	245,950	0
3.01	New Cap Rel Costs - Bldg (Coastside)	0	0	0
4.00	New Cap Rel Costs - Movable Equipment	220,674	220,674	(0)
4.01	New Cap Rel Costs - Equip (Coastside)	0	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	1,794,906	1,799,976	5,070
6.01	Non-Patient Telephones	16,756	16,762	6
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	76,448	76,465	17
6.04	Patient Admitting	111,502	111,541	39
6.05	Patient Business Office	227,365	227,386	21
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	853,402	853,667	265
7.00	Maintenance and Repairs	225,875	225,951	76
8.00	Operation of Plant	178,088	178,086	(2)
9.00	Laundry and Linen Service	127,407	127,419	12
10.00	Housekeeping	180,596	180,692	96
11.00	Dietary	0	636,468	636,468
12.00	Cafeteria	192,349	206,472	14,123
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	712,502	713,680	1,178
15.00	Central Services and Supply	310,393	310,467	74
16.00	Pharmacy	24,156	24,190	34
17.00	Medical Records and Library	167,741	168,004	263
18.00	Social Service	111,782	112,042	260
19.00			0	0
19.02			0	0
19.03			0	0
21.00	Nursing School		0	0
21.01	Clinical Pastoral Education		0	0
22.00	Intern and Res Service - Salary and Fringes		0	0
23.00	Intern and Res - Other Program		0	0
24.00	Paramedical Ed Program		0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 12,240,180	\$ 12,898,180	\$ 658,000

(To Adult Subacute Sch 1)

* From Schedule 8, Part I, Line 36.00

**ALLOCATION OF INDIRECT EXPENSES
ADULT SUBACUTE**

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC70037G

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Old Cap Rel Costs - Bldg and Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs - Movable Equipment	0	N/A
3.00	New Cap Rel Costs - Bldg and Fixtures	245,950	N/A
3.01	New Cap Rel Costs - Bldg (Coastside)	0	N/A
4.00	New Cap Rel Costs - Movable Equipment	220,674	N/A
4.01	New Cap Rel Costs - Equip (Coastside)	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	8,732	1,791,244
6.01	Non-Patient Telephones	198	7,973
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	12,947	24,320
6.04	Patient Admitting	7,441	75,568
6.05	Patient Business Office	462	77
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	24,978	249,438
7.00	Maintenance and Repairs	9,520	112,802
8.00	Operation of Plant	12,042	7,100
9.00	Laundry and Linen Service	9,200	23,298
10.00	Housekeeping	4,013	136,906
11.00	Dietary	51,332	374,586
12.00	Cafeteria	20,230	149,517
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	15,811	580,760
15.00	Central Services and Supply	187,566	51,350
16.00	Pharmacy	3,449	16,895
17.00	Medical Records and Library	15,815	88,551
18.00	Social Service	2,423	100,615
19.00		0	0
19.02		0	0
19.03		0	0
21.00	Nursing School	0	0
21.01	Clinical Pastoral Education	0	0
22.00	Intern and Res Service - Salary and Fringes	0	0
23.00	Intern and Res - Other Program	0	0
24.00	Paramedical Ed Program	0	0
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 852,781	\$ 3,790,999

(To Adult Subacute Sch 1)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE
EXPENSES

	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW CAP REL COSTS BLDG 3.01	NEW CAP REL COSTS MVB 4.00	NEW CAP REL COSTS EQUIP 4.01	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
ANCILLARY COST CENTERS												
37.00 Operating Room	8,069,310	0	0	130,633	0	117,208	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	1,118,132	0	0	58,098	0	52,127	0	0	0	0	0	0
40.00 Anesthesiology	142,425	0	0	53,139	0	47,678	0	0	0	0	0	0
41.00 Radiology - Diagnostic	6,529,583	0	0	198,154	4,962	273,392	5,222	0	0	0	0	0
41.01 Radiology - P. O. B.	1,164,303	0	0	0	0	141,293	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	2,077,814	0	0	140,990	0	126,500	0	0	0	0	0	0
43.00 Radioisotope	1,699,278	0	0	80,349	0	72,091	0	0	0	0	0	0
44.00 Laboratory	8,219,868	0	0	190,250	4,554	184,669	4,793	0	0	0	0	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	1,652,619	0	0	6,423	0	5,763	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	536,586	0	0	0	0	26,991	0	0	0	0	0	0
49.00 Respiratory Therapy	4,298,321	0	0	148,968	0	133,659	0	0	0	0	0	0
50.00 Physical Therapy	2,875,053	0	0	30,010	15,578	139,996	16,393	0	0	0	0	0
51.00 Occupational Therapy	479,862	0	0	133,835	0	120,081	0	0	0	0	0	0
52.00 Speech Pathology	205,737	0	0	1,464	0	1,313	0	0	0	0	0	0
53.00 Electrocardiology	1,371,483	0	0	74,713	0	67,034	0	0	0	0	0	0
54.00 Electroencephalography	68,665	0	0	6,112	0	5,484	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	18,683,105	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	7,797,109	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	836,705	0	0	10,028	0	8,997	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	2,897,500	0	0	0	0	136,860	0	0	0	0	0	0
59.00 Gastro Intestinal Services	1,184,007	0	0	26,423	0	23,708	0	0	0	0	0	0
59.01 Cardiac Cath Lab	2,217,970	0	0	163,259	0	146,481	0	0	0	0	0	0
59.02 CT/MRI	162,680	0	0	41,098	0	36,875	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Wound Care	1,350,693	0	0	178,850	0	160,469	0	0	0	0	0	0
60.02 Out-Patient Psychiatry	371,887	0	0	78,684	0	70,597	0	0	0	0	0	0
60.03 Diabetes Treatment Center	239,997	0	0	17,567	0	15,761	0	0	0	0	0	0
60.04 OB/GYN Clinic	1,540,437	0	0	0	0	70,499	0	0	0	0	0	0
61.00 Emergency	6,875,131	0	0	178,831	11,800	160,453	12,418	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Home Health Agency	4,860,028	0	0	0	0	117,044	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
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	213,432	0	0	13,266	1,474	11,903	1,551	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 Satellite Clinic - Airport	0	0	0	0	0	0	0	0	0	0	0	0
99.02 HIV Services	0	0	0	0	0	0	0	0	0	0	0	0
99.03 Women Service Line	0	0	0	0	0	0	0	0	0	0	0	0
99.04 Community Health Education	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Marketing	781,507	0	0	6,862	737	6,157	776	0	0	0	0	0
100.01 SF Heart Institute	635,121	0	0	109,370	0	98,130	0	0	0	0	0	0
100.02 MD Office Building	2,994,547	0	0	0	737	0	776	0	0	0	0	0
100.04 Mission Services	105,880	0	0	2,470	0	2,216	0	0	0	0	0	0
100.05 Auxiliary Group	91,807	0	0	26,277	0	23,576	0	0	0	0	0	0
100.07 Foundation	0	0	0	19,817	0	17,781	0	0	0	0	0	0
TOTAL	278,609,141	0	0	5,821,852	223,990	5,960,225	235,710	0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	NON PATS PHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING 6.03	ADMITTING COST 6.04	CASHIERING ACCOUNTS 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	2,108,294	81,161	0	37,526	90,482	184,455	0	0	0	10,819,069	1,008,170
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	356,821	10,586	0	1,255	18,957	38,646	0	0	0	1,653,622	154,092
40.00 Anesthesiology	0	0	882	0	17,679	47,091	95,999	0	0	0	404,882	37,730
41.00 Radiology - Diagnostic	0	1,734,384	59,107	0	47,980	66,404	135,371	0	0	0	9,054,560	843,745
41.01 Radiology - P. O. B.	0	240,963	22,055	0	9,936	34,912	71,171	0	0	0	1,684,632	156,982
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	471,046	12,351	0	23,334	69,445	141,570	0	0	0	3,063,051	285,429
43.00 Radioscope	0	238,100	14,115	0	110,242	42,417	86,470	0	0	0	2,343,063	218,337
44.00 Laboratory	0	1,720,507	45,874	0	279,742	215,359	439,028	0	0	0	11,304,644	1,053,418
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	225,457	3,579	7,295	0	0	0	1,901,135	177,156
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	143,386	0	0	6,300	5,139	10,477	0	0	0	728,879	67,920
49.00 Respiratory Therapy	0	1,190,539	16,762	0	38,080	119,801	244,226	0	0	0	6,190,355	576,845
50.00 Physical Therapy	0	488,064	20,290	0	7,428	37,600	76,651	0	0	0	3,707,064	345,441
51.00 Occupational Therapy	0	119,481	0	0	11,398	8,505	17,339	0	0	0	890,500	82,981
52.00 Speech Pathology	0	63,274	0	0	349	3,708	7,558	0	0	0	283,403	26,409
53.00 Electrocardiology	0	414,609	14,997	0	4,800	66,055	134,659	0	0	0	2,148,351	200,193
54.00 Electroencephalography	0	18,337	2,647	0	881	1,018	2,075	0	0	0	105,218	9,805
55.00 Medical Supplies Charged to Patients	0	0	0	0	2,547,818	386,442	787,796	0	0	0	22,405,161	2,087,815
56.00 Drugs Charged to Patients	0	0	0	0	0	313,625	639,351	0	0	0	8,750,085	815,373
57.00 Renal Dialysis	0	242,577	3,529	0	11,676	15,326	31,243	0	0	0	1,160,081	108,102
58.00 ASC (Non-Distinct Part)	0	727,098	40,581	0	34,530	55,286	112,706	0	0	0	4,004,561	373,163
59.00 Gastro Intestinal Services	0	361,292	0	0	8,017	17,118	34,896	0	0	0	1,655,461	154,263
59.01 Cardiac Cath Lab	0	566,769	28,230	0	48,128	128,866	262,704	0	0	0	3,562,407	331,961
59.02 CT/MRI	0	51,139	2,647	0	668	81,092	165,314	0	0	0	541,514	50,461
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Wound Care	0	299,914	22,937	0	52,525	14,091	28,726	0	0	0	2,108,205	196,452
60.02 Out-Patient Psychiatry	0	86,578	10,586	0	5,675	1,918	3,911	0	0	0	629,837	58,691
60.03 Diabetes Treatment Center	0	70,599	4,411	0	406	309	629	0	0	0	349,679	32,585
60.04 OB/GYN Clinic	0	128,037	0	0	7,386	3,540	7,217	0	0	0	1,757,116	163,736
61.00 Emergency	0	2,073,643	30,877	0	14,342	133,037	271,207	0	0	0	9,761,739	909,643
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Home Health Agency	0	1,381,146	63,518	0	21,781	0	29,727	0	0	0	6,473,243	603,206
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
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	0	28,000	1,764	0	17,221	0	0	0	0	0	288,612	26,894
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 Satellite Clinic - Airport	0	0	0	0	0	0	0	0	0	0	0	0
99.02 HIV Services	0	0	0	0	0	0	0	0	0	0	0	0
99.03 Women Service Line	0	0	0	0	0	0	0	0	0	0	0	0
99.04 Community Health Education	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Marketing	0	95,618	5,293	0	912	0	0	0	0	0	897,862	83,667
100.01 SF Heart Institute	0	148,349	22,055	0	872	0	0	0	0	0	1,013,897	94,480
100.02 MD Office Building	0	13,367	36,170	0	12,505	0	0	0	0	0	3,058,101	284,968
100.04 Mission Services	0	0	0	0	0	0	0	0	0	0	110,567	10,303
100.05 Auxiliary Group	0	0	7,058	0	831	0	0	0	0	0	149,549	13,936
100.07 Foundation	0	0	7,058	0	0	0	0	0	0	0	44,655	4,161
TOTAL	0	42,603,915	1,047,157	5,844,447	5,744,864	2,821,577	5,781,755	0	0	0	278,609,141	23,749,024

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
SETON 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	120,011	94,588	53,859	258,132	0	167,371	0	393,358	24,957	15,728	136,285	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	53,374	42,067	0	0	0	30,196	0	110,496	2,802	1,117	28,554	0
40.00 Anesthesiology	48,818	38,477	0	0	0	0	0	11,689	11,689	4,546	70,929	0
41.00 Radiology - Diagnostic	292,605	230,621	66,473	225,866	0	161,922	0	54,915	14,569	3,236	100,019	0
41.01 Radiology - P. O. B.	144,672	114,025	0	0	0	24,239	0	0	5,508	131	52,585	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	129,525	102,087	0	0	0	41,146	0	7,207	646	98	104,599	0
43.00 Radioisotope	73,815	58,179	14,650	0	0	20,782	0	0	23,524	599	63,889	0
44.00 Laboratory	200,718	158,199	0	135,519	0	205,167	0	320	215,005	72	324,376	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	5,901	4,651	0	0	0	0	0	0	0	0	5,390	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	27,637	21,782	0	0	0	10,057	0	31,080	22,030	1,357	7,741	0
49.00 Respiratory Therapy	136,855	107,864	0	0	0	119,632	0	2,177	429	1,389	180,446	0
50.00 Physical Therapy	183,134	144,340	19,252	0	0	62,915	0	62,881	16,309	44	56,634	0
51.00 Occupational Therapy	122,953	96,907	0	0	0	12,465	0	621	16,227	1	12,811	0
52.00 Speech Pathology	1,345	1,060	0	0	0	6,623	0	0	0	0	5,584	0
53.00 Electrocardiology	68,638	54,098	0	0	0	34,819	0	10,531	8,145	5	99,493	0
54.00 Electroencephalography	5,615	4,425	0	0	0	2,657	0	0	2,771	0	1,533	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	582,063	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	472,385	0
57.00 Renal Dialysis	9,212	7,261	0	0	0	28,436	0	0	50,818	1,763	23,084	0
58.00 ASC (Non-Distinct Part)	140,133	110,448	31,151	0	0	67,753	0	147,672	14,606	10,320	83,273	0
59.00 Gastro Intestinal Services	24,274	19,132	0	45,173	0	21,596	0	78,995	3,714	1,827	25,783	0
59.01 Cardiac Cath Lab	149,984	118,212	20,160	167,786	0	29,649	0	57,675	5,730	16,131	194,099	0
59.02 CT/MRI	37,757	29,758	0	0	0	0	0	0	2,998	380	122,142	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Wound Care	164,307	129,501	12,098	0	0	29,486	0	81,768	160,466	782	21,224	0
60.02 Out-Patient Psychiatry	72,285	56,973	0	0	0	12,172	0	0	212	0	2,890	0
60.03 Diabetes Treatment Center	16,138	12,720	0	45,173	0	8,684	0	0	173	15	465	0
60.04 OB/GYN Clinic	72,185	56,893	0	0	0	20,419	0	0	10,038	0	5,332	0
61.00 Emergency	194,431	153,244	147,375	367,838	0	147,981	0	475,013	20,437	8,808	200,381	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Home Health Agency	119,843	94,456	0	0	0	133,215	0	191,354	73,156	643	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
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	15,953	12,574	0	0	0	3,481	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 Satellite Clinic - Airport	0	0	0	0	0	0	0	0	0	0	0	0
99.02 HIV Services	0	0	0	0	0	0	0	0	0	0	0	0
99.03 Women Service Line	0	0	0	0	0	0	0	0	0	0	0	0
99.04 Community Health Education	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Marketing	8,187	6,453	0	0	0	12,340	0	38	35	0	0	0
100.01 SF Heart Institute	100,477	79,192	0	77,440	0	14,577	0	0	0	0	0	0
100.02 MD Office Building	1,883	1,484	0	0	0	2,981	0	0	1,688	0	0	0
100.04 Mission Services	2,269	1,789	0	0	0	3,584	0	0	0	0	0	0
100.05 Auxiliary Group	24,140	19,026	0	0	0	3,228	0	0	0	0	0	0
100.07 Foundation	18,206	14,349	0	0	0	0	0	0	0	0	0	0
TOTAL	5,977,673	4,599,429	2,086,413	4,414,057	4,880,098	3,354,489	0	7,116,713	2,177,348	6,689,686	4,249,886	893,337

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 21.00	NURSING SCHOOL 21.01	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST ADJUSTMENT 26.00	TOTAL COST 27.00	
												STEP-DOWN
ANCILLARY COST CENTERS												
37.00 Operating Room	0	0	0	0	0	0	0	0	13,091,529	0	13,091,529	
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	2,076,319	0	2,076,319	
40.00 Anesthesiology	0	0	0	0	0	0	0	0	617,080	0	617,080	
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	11,048,531	0	11,048,531	
41.01 Radiology - P. O. B.	0	0	0	0	0	0	0	0	2,182,774	0	2,182,774	
41.02	0	0	0	0	0	0	0	0	0	0	0	
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	3,733,789	0	3,733,789	
43.00 Radioisotope	0	0	0	0	0	0	0	0	2,816,838	0	2,816,838	
44.00 Laboratory	0	0	0	0	0	0	0	0	13,597,439	0	13,597,439	
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	2,094,232	0	2,094,232	
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	918,483	0	918,483	
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	7,315,993	0	7,315,993	
50.00 Physical Therapy	0	0	0	0	0	0	0	0	4,598,016	0	4,598,016	
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,235,466	0	1,235,466	
52.00 Speech Pathology	0	0	0	0	0	0	0	0	324,425	0	324,425	
53.00 Electrocardiology	0	0	0	0	0	0	0	0	2,624,273	0	2,624,273	
54.00 Electroencephalography	0	0	0	0	0	0	0	0	132,023	0	132,023	
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	25,075,039	0	25,075,039	
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	16,570,945	0	16,570,945	
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	1,388,756	0	1,388,756	
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	4,983,080	0	4,983,080	
59.00 Gastro Intestinal Services	0	0	0	0	0	0	0	0	2,030,220	0	2,030,220	
59.01 Cardiac Cath Lab	0	0	0	0	0	0	0	0	4,653,795	0	4,653,795	
59.02 CT/MRI	0	0	0	0	0	0	0	0	785,010	0	785,010	
59.03	0	0	0	0	0	0	0	0	0	0	0	
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	
60.01 Wound Care	0	0	0	0	0	0	0	0	2,904,288	0	2,904,288	
60.02 Out-Patient Psychiatry	0	0	0	0	0	0	0	0	833,059	0	833,059	
60.03 Diabetes Treatment Center	0	0	0	0	0	0	0	0	465,631	0	465,631	
60.04 OB/GYN Clinic	0	0	0	0	0	0	0	0	2,085,719	0	2,085,719	
61.00 Emergency	0	0	0	0	0	0	0	0	12,386,890	0	12,386,890	
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	
71.00 Home Health Agency	0	0	0	0	0	0	0	0	7,689,116	0	7,689,116	
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	
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	347,514	0	347,514	
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 Satellite Clinic - Airport	0	0	0	0	0	0	0	0	0	0	0	
99.02 HIV Services	0	0	0	0	0	0	0	0	0	0	0	
99.03 Women Service Line	0	0	0	0	0	0	0	0	0	0	0	
99.04 Community Health Education	0	0	0	0	0	0	0	0	0	0	0	
100.00 Marketing	0	0	0	0	0	0	0	0	1,008,581	0	1,008,581	
100.01 SF Heart Institute	0	0	0	0	0	0	0	0	1,380,062	0	1,380,062	
100.02 MD Office Building	0	0	0	0	0	0	0	0	3,351,105	0	3,351,105	
100.04 Mission Services	0	0	0	0	0	0	0	0	128,512	0	128,512	
100.05 Auxiliary Group	0	0	0	0	0	0	0	0	209,878	0	209,878	
100.07 Foundation	0	0	0	0	0	0	0	0	81,372	0	81,372	
TOTAL	0	0	0	0	0	0	40,994	0	278,609,141	(2,088,736)	276,540,405	

STATE OF CALIFORNIA

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

SCHEDULE 9

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

1.00	OLD BLDG & FIXTURES (SQ FT)	2.00	OLD MOVBLE EQUIP (SQ FT)	3.00	NEW CAP BLDG (SQ FT)	3.01	NEW CAP BLDG (COAST) (SQ FT)	4.00	NEW CAP MOV EQUIP (SQ FT)	4.01	NEW CAP EQUIP (SQ FT)	4.03	STAT	4.04	STAT	4.05	STAT	4.06	STAT	4.07	STAT	4.08	STAT
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GENERAL SERVICE COST CENTERS

- 1.00 Old Cap Rel Costs - Bldg and Fixtures
- 2.00 Old Cap Rel Costs - Movable Equipment
- 3.00 New Cap Rel Costs - Bldg and Fixtures
- 3.01 New Cap Rel Costs - Bldg (Coastside)
- 4.00 New Cap Rel Costs - Movable Equipment
- 4.01 New Cap Rel Costs - Equip (Coastside)
- 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 and Supply
- 17.00 Pharmacy
- 18.00 Medical Records and Library
- 19.00 Social Service
- 19.01
- 19.02
- 19.03

- 20.00 Nursing School
- 21.00 Clinical Pastoral Education
- 22.00 Intern and Res Service - Salary and Fringes
- 23.00 Intern and Res - Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults and Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00 Neonatal Intensive Care Unit
- 29.00 Surgical Intensive Care
- 30.00 Subprovider
- 31.01 Subprovider 2 Psych
- 32.00
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Other Long Term Care
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

5,916	288	2,141	4,518	3,944	96	132	96	5,916	288	2,141	4,518	3,944	96	132	96	5,916	288	2,141	4,518	3,944	96	132	96	
15,142	6,326	8,450	3,521	1,745	8,776	7,578	2,984	6,632	3,947	10,239	320	265	266	1,013	827	1,435	740	2,984	6,632	3,947	10,239	320	265	266
70,870	6,016	6,052	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870	70,870
229	12,904	13,441	229	12,904	13,441	19,491	19,491	12,904	12,904	13,441	19,491	19,491	19,491	12,904	12,904	13,441	13,441	229	12,904	13,441	19,491	19,491	19,491	19,491

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	DATA PROCESSING (DP TIME)	PURCHASING RECEIVING (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING ACCOUNTS (GROSS REV)	STAT	STAT	STAT	ADM & GEN (ACCUUM COST)	MAINT & REPAIRS (SQ FT)
	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08		7.00 (Adj 3)
GENERAL SERVICE COST CENTERS											
1.00											
2.00											
3.00											
3.01											
4.00											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00	376,503										
6.01											
6.02		30									
6.03	1,372,878	11	2,306								
6.04	1,431,609	23	393	157,839							
6.05			713								
6.06											
6.07											
6.08											
6.00	5,198,704	98	600	432,089					5,468,128		8,450
7.00	2,129,985	37	600	5,520					4,077,426		4,534
8.00		1		23,120					1,783,889		2,572
9.00	216,673	4		95,396					3,967,073		10,211
10.00	2,414,892	11		321,501					4,047,559		8,318
11.00	1,875,596	24		1,542,421					6,307,305		8,016
12.00	1,673,609	9		1,376,067					1,713,757		4,107
13.00	4,148,442	20		201,934					5,863,502		10,473
14.00		11		90,174					3,530,881		480
15.00	140,520	26		7,865,722					783,791		
16.00	3,033,057	44		209,452					0		
17.00	1,487,897	5		1,102					0		
18.00	573,301								0		
19.00									0		
19.02									0		
19.03									0		
21.00									0		
21.01									0		
22.00									0		
23.00									0		
24.00									37,500		
25.00	28,117,790	96		1,429,951	236,227,228	236,227,228			44,324,632		70,870
26.00	6,152,260	12		312,320	43,249,710	43,249,710			9,678,945		6,016
27.00	5,741,984	12		276,563	43,834,825	43,834,825			8,661,144		6,052
28.00									0		
29.00									0		
31.00									0		
31.01									0		
32.00									0		
33.00	599,609	2		17,597	4,011,290	4,011,290			799,818		229
34.00	11,027,194	26		752,459	47,692,933	47,692,933			16,809,136		32,395
35.00									0		
36.00	5,545,755	19		560,713	57,386,505	57,386,505			9,161,041		13,441
36.01									0		
36.02									0		

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
	EMP BENE (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	DATA PROCESSING (DP TIME)	PURCHASING RECEIVING (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING ACCOUNTS (GROSS REV)	STAT	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	(Adj 3)	
ANCILLARY COST CENTERS											
37.00	6,495,689	92		275,179	46,551,832	46,551,832				10,819,069	7,139
38.00										0	
39.00	1,096,290	12		9,202	9,753,262	9,753,262				1,653,622	3,175
40.00		1		129,638	24,227,696	24,227,696				404,892	2,904
41.00	5,343,667	67		351,837	34,164,284	34,164,284				9,054,560	17,406
41.01	742,410	25		72,858	17,961,854	17,961,854				1,684,632	8,606
41.02										0	
42.00	1,451,300	14		171,111	35,728,737	35,728,737				3,063,051	7,705
43.00	733,590	16		808,405	21,822,957	21,822,957				2,343,063	4,391
44.00	5,300,912	52		2,051,344	110,799,606	110,799,606				11,304,644	11,940
44.01										0	
46.00				1,653,269	1,841,109	1,841,109				1,901,135	351
47.00										0	
48.00	441,775			46,198	2,644,037	2,644,037				728,879	1,644
49.00	3,668,069	19		279,241	61,636,378	61,636,378				6,190,355	8,141
50.00	1,503,733	23		54,468	19,344,898	19,344,898				3,707,064	10,894
51.00	368,122			83,578	4,375,860	4,375,860				890,500	7,314
52.00	194,949			2,559	1,907,513	1,907,513				283,403	80
53.00	1,277,417	17		35,201	33,984,619	33,984,619				2,148,351	4,083
54.00	56,496	3		18,683,105	198,819,832	198,819,832				22,405,161	334
55.00										8,750,085	
56.00										1,160,081	548
57.00	747,385	4		85,623	7,884,886	7,884,886				4,004,561	8,336
58.00	2,240,201	46		253,207	28,444,139	28,444,139				1,655,461	1,444
59.00	1,113,147			58,791	8,806,895	8,806,895				3,562,407	8,922
59.01	1,746,224	32		352,924	66,299,845	66,299,845				541,514	2,246
59.02	157,561	3		4,900	41,721,087	41,721,087				0	
59.03										0	
60.00										0	
60.01	924,040	26		385,164	7,249,740	7,249,740				2,108,205	9,774
60.02	266,749	12		41,615	986,994	986,994				629,837	4,300
60.03	217,518	5		2,976	158,827	158,827				349,679	960
60.04	394,484			54,162	1,821,437	1,821,437				1,757,116	4,294
61.00	6,388,928	35		105,171	68,445,820	68,445,820				9,761,739	11,566
62.00										0	
71.00	4,255,334	72		159,719		7,502,313				6,473,243	7,129
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	86,268	2		126,279						288,612	949
97.00										0	
98.00										0	
99.00										0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
100.00	294,602	6		6,687						897,862	487
100.01	457,067	25		6,392						1,013,897	5,977
100.02	41,183	41		91,698						3,058,101	112
100.04										110,567	135
100.05		8		6,095						149,549	1,436
100.07		8								44,655	1,083
TOTAL	131,263,368	1,187	4,612	42,126,994	1,451,666,457	1,459,168,770	0	0	0	254,860,118	355,590
COST TO BE ALLOCATED	42,603,915	1,047,157	5,844,447	5,744,864	2,821,576	5,781,754	0	0	0	23,749,024	5,977,673
UNIT COST MULTIPLIER - SCH 8	0.324568	882.188016	1267.226203	0.136370	0.001944	0.003962	0.000000	0.000000	0.000000	0.093185	16.810577

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) (Adj 3)	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00 (Adj 4)	CAFETERIA (PROD HRS) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS REVENUE) 17.00	SOC SERV (TIME SPENT) 18.00	STAT 19.00
ANCILLARY COST CENTERS												
37.00	Operating Room	7,139	4,160	97,642	62,712	36,774	18,771	46,551,832				
38.00	Recovery Room	3,175	17,616	17,616	4,129	1,333	9,753,262					
39.00	Delivery Room and Labor Room	2,904	17,224	17,224	5,425	24,227,696						
40.00	Anesthesiology	17,406	94,463	94,463	21,468	34,164,284						
41.00	Radiology - Diagnostic	8,606	14,141	14,141	8,116	17,961,854						
41.01	Radiology - P. O. B.											
41.02												
42.00	Radiology - Therapeutic	7,705	24,004	24,004	952	35,728,737						
43.00	Radioisotope	4,391	12,124	12,124	34,663	21,822,957						
44.00	Laboratory	11,940	119,692	119,692	51	110,799,606						
44.01	Pathological Lab											
46.00	Whole Blood	351						1,841,109				
47.00	Blood Storing and Processing											
48.00	Intravenous Therapy	1,644	5,867	5,867	32,462	2,644,037						
49.00	Respiratory Therapy	8,141	69,792	69,792	632	61,636,378						
50.00	Physical Therapy	10,894	36,704	36,704	24,032	19,344,898						
51.00	Occupational Therapy	7,314	7,272	7,272	23,911	4,375,860						
52.00	Speech Pathology	80	3,864	3,864	12,001	1,907,513						
53.00	Electrocardiology	4,083	20,313	20,313	4,083	33,984,619						
54.00	Electroencephalography	334	1,550	1,550		523,728						
55.00	Medical Supplies Charged to Patients							198,819,832				
56.00	Drugs Charged to Patients							161,356,094				
57.00	Renal Dialysis	548	16,589	16,589	74,881	7,884,886						
58.00	ASC (Non-Distinct Part)	8,336	39,526	39,526	21,522	28,444,139						
59.00	Gastro Intestinal Services	1,444	12,599	12,599	5,473	8,806,895						
59.01	Cardiac Cath Lab	8,922	17,297	17,297	8,443	66,299,845						
59.02	CT/MRI	2,246			4,418	41,721,087						
59.03												
60.00	Clinic											
60.01	Wound Care	9,774	17,202	17,202	236,447	7,249,740						
60.02	Out-Patient Psychiatry	4,300	7,101	7,101	312	986,994						
60.03	Diabetes Treatment Center	960	5,066	5,066	255	158,827						
60.04	OB/GYN Clinic	4,294	11,912	11,912	14,791	1,821,437						
61.00	Emergency	11,566	86,330	86,330	30,114	68,445,820						
62.00	Observation Beds											
62.00	Observation Beds											
71.00	Home Health Agency	7,129	77,716	77,716	107,795							
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen	949	2,031	2,031								
97.00	Research											
98.00	Physicians' Private Office											
99.00	Nonpaid Workers											
99.01	Satellite Clinic - Airport											
99.02	HIV Services											
99.03	Women Service Line											
99.04	Community Health Education											
100.00	Marketing	487	7,199	7,199	52							
100.01	SF Heart Institute	5,977	8,504	8,504								
100.02	MD Office Building	112	1,739	1,739	2,488							
100.04	Mission Services	135	2,091	2,091								
100.05	Auxiliary Group	1,436	1,883	1,883								
100.07	Foundation	1,083										
TOTAL		347,140	2,106,857	2,106,857	405,594	1,956,965	0	1,134,597	3,208,330	7,983,987	11,920	0
	COST TO BE ALLOCATED	4,599,429	2,086,413	4,414,057	4,880,098	3,354,489	0	7,116,713	2,177,348	6,689,686	893,337	0
	UNIT COST MULTIPLIER - SCH 8	13,249,492	0,990,296	62,050,963	12,031,978	1,714,128	0.000000	6,272,459	0.678655	0.837888	74.944403	0.000000

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.3

Provider Name:
SETON 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)
19.02	19.03	21.00	21.01	22.00	23.00	24.00

GENERAL SERVICE COST CENTERS

- Old Cap Rel Costs - Bldg and Fixtures
- Old Cap Rel Costs - Movable Equipment
- New Cap Rel Costs - Bldg and Fixtures
- New Cap Rel Costs - Bldg (Coastside)
- New Cap Rel Costs - Movable Equipment
- New Cap Rel Costs - Equip (Coastside)

1.00
2.00
3.00
3.01
4.00
4.01
4.03
4.04
4.05
4.06
4.07
4.08

- Employee Benefits
- Non-Patient Telephones
- Data Processing
- Purchasing/Receiving
- Patient Admitting
- Patient Business Office

5.00
6.01
6.02
6.03
6.04
6.05
6.06
6.07
6.08

- Administrative and General
- Maintenance and Repairs
- Operation of Plant
- Laundry and Linen Service
- Housekeeping
- Dietary

7.00
8.00
9.00
10.00
11.00

- Cafeteria
- Maintenance of Personnel
- Nursing Administration
- Central Services and Supply
- Pharmacy
- Medical Records and Library
- Social Service

12.00
13.00
14.00
15.00
16.00
17.00
18.00
19.00
19.02
19.03

- Nursing School
- Clinical Pastoral Education
- Intern and Res Service - Salary and Fringes
- Intern and Res - Other Program
- Paramedical Ed Program

20.00
21.00
22.00
23.00
24.00

INPATIENT ROUTINE COST CENTERS

- Adults and Pediatrics (Gen Routine)
- Intensive Care Unit
- Coronary Care Unit
- Neonatal Intensive Care Unit
- Surgical Intensive Care
- Subprovider
- Subprovider 2 Psych

25.00
26.00
27.00
28.00
29.00
31.00
31.01
32.00
33.00
34.00
35.00
36.00
36.01
36.02

- Nursery
- Medicare Certified Nursing Facility
- Distinct Part Nursing Facility
- Other Long Term Care
- Subacute Care Unit I
- Transitional Care Unit

100
100

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.3

Provider Name:
SETON 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	19.02	19.03	21.00	21.01	22.00	23.00	24.00
Operating Room							
Recovery Room							
Delivery Room and Labor Room							
Anesthesiology							
Radiology - Diagnostic							
Radiology - P. O. B.							
Radiology - Therapeutic							
Radioisotope							
Laboratory							
Pathological Lab							
Whole Blood							
Blood Storing and Processing							
Intravenous Therapy							
Respiratory Therapy							
Physical Therapy							
Occupational Therapy							
Speech Pathology							
Electrocardiology							
Electroencephalography							
Medical Supplies Charged to Patients							
Drugs Charged to Patients							
Renal Dialysis							
ASC (Non-Distinct Part)							
Gastro Intestinal Services							
Cardiac Cath Lab							
CT/MRI							
Clinic							
Wound Care							
Out-Patient Psychiatry							
Diabetes Treatment Center							
OB/GYN Clinic							
Emergency							
Observation Beds							
Home Health Agency							
	85.00						
	86.00						
NONREIMBURSABLE COST CENTERS							
Gift, Flower, Coffee Shop and Canteen							
Research							
Physicians' Private Office							
Nonpaid Workers							
Satellite Clinic - Airport							
HIV Services							
Women Service Line							
Community Health Education							
Marketing							
SF Heart Institute							
MD Office Building							
Mission Services							
Auxiliary Group							
Foundation							
100.07							
TOTAL	0	0	0	0	100	100	0
COST TO BE ALLOCATED	0	0	0	0	0	40,994	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	409.944204	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
SETON 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 and Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs - Movable Equipment		0	0
3.00	New Cap Rel Costs - Bldg and Fixtures	5,821,852	0	5,821,852
3.01	New Cap Rel Costs - Bldg (Coastside)	223,990	0	223,990
4.00	New Cap Rel Costs - Movable Equipment	5,960,225	0	5,960,225
4.01	New Cap Rel Costs - Equip (Coastside)	235,710	0	235,710
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	42,277,282	119,954	42,397,236
6.01	Non-Patient Telephones	913,175	0	913,175
6.02	Data Processing	5,742,357	0	5,742,357
6.03	Purchasing/Receiving	2,202,391	0	2,202,391
6.04	Patient Admitting	1,660,196	0	1,660,196
6.05	Patient Business Office	4,878,222	0	4,878,222
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	20,619,332	0	20,619,332
7.00	Maintenance and Repairs	3,759,864	0	3,759,864
8.00	Operation of Plant	3,780,037	0	3,780,037
9.00	Laundry and Linen Service	1,561,107	0	1,561,107
10.00	Housekeeping	3,057,978	0	3,057,978
11.00	Dietary	2,883,233	0	2,883,233
12.00	Cafeteria	1,827,951	0	1,827,951
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	4,803,473	0	4,803,473
15.00	Central Services and Supply	1,397,214	0	1,397,214
16.00	Pharmacy	3,644,295	0	3,644,295
17.00	Medical Records and Library	2,621,955	0	2,621,955
18.00	Social Service	579,884	0	579,884
19.00			0	0
19.02			0	0
19.03			0	0
21.00	Nursing School		0	0
21.01	Clinical Pastoral Education		0	0
22.00	Intern and Res Service - Salary and Fringes		0	0
23.00	Intern and Res - Other Program	37,500	0	37,500
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics (Gen Routine)	31,013,785	49,491	31,063,276
26.00	Intensive Care Unit	7,164,651	0	7,164,651
27.00	Coronary Care Unit	6,280,183	0	6,280,183
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
31.00	Subprovider		0	0
31.01	Subprovider 2 Psych		0	0
32.00			0	0
33.00	Nursery	618,890	(49,491)	569,399
34.00	Medicare Certified Nursing Facility	12,111,585	0	12,111,585
35.00	Distinct Part Nursing Facility		0	0
36.00	Other Long Term Care	6,462,288	0	6,462,288
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SETON MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 8,069,310	\$ 0	\$ 8,069,310
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	1,118,132	0	1,118,132
40.00	Anesthesiology	142,425	0	142,425
41.00	Radiology - Diagnostic	6,529,583	0	6,529,583
41.01	Radiology - P. O. B.	1,164,303	0	1,164,303
41.02			0	0
42.00	Radiology - Therapeutic	2,077,814	0	2,077,814
43.00	Radioisotope	1,699,278	0	1,699,278
44.00	Laboratory	8,219,868	0	8,219,868
44.01	Pathological Lab		0	0
46.00	Whole Blood	1,652,619	0	1,652,619
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy	536,586	0	536,586
49.00	Respiratory Therapy	4,298,321	0	4,298,321
50.00	Physical Therapy	2,875,053	0	2,875,053
51.00	Occupational Therapy	479,862	0	479,862
52.00	Speech Pathology	205,737	0	205,737
53.00	Electrocardiology	1,371,483	0	1,371,483
54.00	Electroencephalography	68,665	0	68,665
55.00	Medical Supplies Charged to Patients	18,683,105	0	18,683,105
56.00	Drugs Charged to Patients	7,797,109	0	7,797,109
57.00	Renal Dialysis	836,705	0	836,705
58.00	ASC (Non-Distinct Part)	2,897,500	0	2,897,500
59.00	Gastro Intestinal Services	1,184,007	0	1,184,007
59.01	Cardiac Cath Lab	2,217,970	0	2,217,970
59.02	CT/MRI	162,680	0	162,680
59.03			0	0
60.00	Clinic		0	0
60.01	Wound Care	1,350,693	0	1,350,693
60.02	Out-Patient Psychiatry	371,887	0	371,887
60.03	Diabetes Treatment Center	239,997	0	239,997
60.04	OB/GYN Clinic	1,540,437	0	1,540,437
61.00	Emergency	6,875,131	0	6,875,131
62.00	Observation Beds		0	0
71.00	Home Health Agency	4,860,028	0	4,860,028
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 273,666,893	\$ 119,954	\$ 273,786,847
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen	213,432	0	213,432
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01	Satelite Clinic - Airport		0	0
99.02	HIV Serviceis		0	0
99.03	Women Service Line		0	0
99.04	Community Health Education		0	0
100.00	Marketing	781,507	0	781,507
100.01	SF Heart Institute	635,121	0	635,121
100.02	MD Office Building	2,994,547	0	2,994,547
100.04	Mission Services	105,880	0	105,880
100.05	Auxillary Group	91,807	0	91,807
100.07	Foundation		0	0
100.99	SUBTOTAL	\$ 4,822,294	\$ 0	\$ 4,822,294
101	TOTAL	\$ 278,489,187	\$ 119,954	\$ 278,609,141

(To Schedule 8)

Provider Name:
SETON MEDICAL CENTER

Page 1
Fiscal Period Ended:
JUNE 30, 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
(Page 1)	1	2																
ANCILLARY COST CENTERS	0																	
37.00 Operating Room	0																	
38.00 Recovery Room	0																	
39.00 Delivery Room and Labor Room	0																	
40.00 Anesthesiology	0																	
41.00 Radiology - Diagnostic	0																	
41.01 Radiology - P. O. B.	0																	
41.02	0																	
42.00 Radiology - Therapeutic	0																	
43.00 Radioisotope	0																	
44.00 Laboratory	0																	
44.01 Pathological Lab	0																	
46.00 Whole Blood	0																	
47.00 Blood Storing and Processing	0																	
48.00 Intravenous Therapy	0																	
49.00 Respiratory Therapy	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																	
58.00 ASC (Non-Distinct Part)	0																	
59.00 Gastro Intestinal Services	0																	
59.01 Cardiac Cath Lab	0																	
59.02 CT/MRI	0																	
59.03	0																	
60.00 Clinic	0																	
60.01 Wound Care	0																	
60.02 Out-Patient Psychiatry	0																	
60.03 Diabetes Treatment Center	0																	
60.04 OB/GYN Clinic	0																	
61.00 Emergency	0																	
62.00 Observation Beds	0																	
71.00 Home Health Agency	0																	
85.00	0																	
86.00	0																	
NONREIMBURSABLE COST CENTERS	0																	
96.00 Gift, Flower, Coffee Shop and Canteen	0																	
97.00 Research	0																	
98.00 Physicians' Private Office	0																	
99.00 Nonpaid Workers	0																	
99.01 Satellite Clinic - Airport	0																	
99.02 HIV Services	0																	
99.03 Women Service Line	0																	
99.04 Community Health Education	0																	
100.00 Marketing	0																	
100.01 SF Heart Institute	0																	
100.02 MD Office Building	0																	
100.04 Mission Services	0																	
100.05 Auxiliary Group	0																	
100.07 Foundation	0																	
101.00 TOTAL	\$119,954	0	119,954	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name		Fiscal Period		Provider Number		Adjustments		
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1	10A	A		25.00	7	\$31,013,785	\$49,491	\$31,063,276
	10A	A		33.00	7	618,890	(49,491)	569,399
<p style="text-align: center;">RECLASSIFICATION OF REPORTED COSTS</p> <p>Adults and Pediatrics Nursery</p> <p>To adjust the provider's Obstetrics/Nursery reclassification to agree with the provider's records. CMS Pub. 15-1, Sections 2300 and 2304</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
2	10A	A	5.00	7	Employee Benefits	\$42,277,282	\$119,954	\$42,397,236
<p>To adjust reported pension expense to allowable amount funded to the pension trust account.</p> <p>CMS Pub. 15-1, Sections 2141.3 and 2141.6</p> <p style="text-align: center;">ADJUSTMENT TO REPORTED COSTS</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED STATISTICS								
3	9	B-1	11.00	7, 8	Dietary (Square Feet)	17,789	(7,578)	10,211
	9	B-1	12.00	7, 8	Cafeteria	740	7,578	8,318
To adjust Cafeteria square footage statistics in conjunction with cost reclassifications.								
CMS Pub. 15-1, Sections 2300, 2304 and 2306								
4	9	B-1	23.00	11	Interns and Residents Services - Other (Meals Served)	161,077	(161,077)	0
	9	B-1	25.00	11	Adults and Pediatrics	4,920	152,168	157,088
	9	B-1	26.00	11	Intensive Care Unit	10,387	(4,789)	5,598
	9	B-1	27.00	11	Coronary Care Unit	0	11,818	11,818
	9	B-1	33.00	11	Nursery	182,717	(182,717)	0
	9	B-1	34.00	11	Skilled Nursing Facility	46,493	131,699	178,192
	9	B-1	36.00	11	Other Long Term Care	0	52,898	52,898
To adjust Dietary meals served statistics for propriety.								
CMS Pub. 15-1, Sections 2300, 2304, and 2307								

Provider Name		Fiscal Period		Provider Number		Adjustments			
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
5	4, Contract 4	D-1	I	XIX	1.00	1	46,323	241	46,564
	DPNF 1	D-1	I	XIX	1.00	1	52,459	272	52,731
	Subacute 1	Not Reported					0	11,832	11,832
	Subacute 1	Not Reported					0	3,741	3,741
<p style="text-align: center;">ADJUSTMENT TO REPORTED PATIENT DAYS</p> <p>Adults and Pediatrics Distinct Part Nursing Facility Total Subacute Days - Ventilator Total Subacute Days - Nonventilator</p> <p>To adjust total patient days to agree with the provider's census reports. CMS Pub. 15-1, Sections 2205.1, 2205.2, 2300, and 2304 OSHPD LTC Manual, Section 3210.1</p>									

Provider Name		Fiscal Period		Provider Number		Adjustments		
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18		
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								
6	4A	Not Reported	Medi-Cal Administrative Days (July 1, 2007 to July 31, 2007)			0	11	11
	4A	Not Reported	Medi-Cal Administrative Days Rate (July 1, 2007 to July 31, 2007)			\$0.00	\$310.68	\$310.68
	4A	Not Reported	Medi-Cal Administrative Days (August 1, 2007 to June 30, 2008)			0	103	103
	4A	Not Reported	Medi-Cal Administrative Days Rate (August 1, 2007 to June 30, 2008)			\$0.00	\$318.19	\$318.19
	4A	Not Reported	Medi-Cal Administrative Days (June 1, 2008 to June 30, 2008)			0	2	2
	4A	Not Reported	Medi-Cal Administrative Days Rate (June 1, 2008 to June 30, 2008)			\$0.00	\$159.10	\$159.10
7	6	Not Reported	Medi-Cal Ancillary Charges - Radiology - Diagnostic			\$0	\$9,356	\$9,356
	6	Not Reported	Medi-Cal Ancillary Charges - Radioisotope			0	9,467	9,467
	6	Not Reported	Medi-Cal Ancillary Charges - Laboratory			0	47,717	47,717
	6	Not Reported	Medi-Cal Ancillary Charges - Physical Therapy			0	26,825	26,825
	6	Not Reported	Medi-Cal Ancillary Charges - Occupational Therapy			0	4,406	4,406
	6	Not Reported	Medi-Cal Ancillary Charges - Speech Pathology			0	2,888	2,888
	6	Not Reported	Medi-Cal Ancillary Charges - Drugs Charged to Patients			0	168,150	168,150
	6	Not Reported	Medi-Cal Ancillary Charges - CAT Scan / MRI			0	9,316	9,316
	6	Not Reported	Medi-Cal Ancillary Charges - Total			0	278,125	278,125
8	2	Not Reported	Medi-Cal Routine Charges			\$0	\$561,768	\$561,768
	2	Not Reported	Medi-Cal Ancillary Charges			0	278,125	278,125
9	3	Not Reported	Other Coverage			\$0	\$12,974	\$12,974
	1	Not Reported	Interim Payments			0	75,860	75,860

To adjust Medi-Cal Settlement Data to agree with the following
 EDS Paid Claims Summary:
 Report Date: September 2, 2009
 Payment Period: July 1, 2007 through September 2, 2009
 Service Period: July 1, 2007 through June 30, 2008
 CMS Pub. 15-1, Sections 2304 and 2408.3
 Title 22, CCR, Sections 51511 and 51542

Provider Name		Fiscal Period		Provider Number		Adjustments				
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18				
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										
10	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	3,431	(1,935)	1,496
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	623	(223)	400
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	217	(217)	0
	Contract 4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	267	(38)	229
11	Contract 6	D-4	XIX	XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$3,645,300	(\$2,516,717)	\$1,128,583
	Contract 6	D-4	XIX	XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	3,250,701	(2,219,628)	1,031,073
	Contract 6	D-4	XIX	XIX	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	1,051,777	(654,672)	397,105
	Contract 6	D-4	XIX	XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	779,803	(479,037)	300,766
	Contract 6	D-4	XIX	XIX	41.01	2	Medi-Cal Ancillary Charges - Radiology - P.O.B	202,851	(202,851)	0
	Contract 6	D-4	XIX	XIX	42.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	53,540	46,024	99,564
	Contract 6	D-4	XIX	XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	717,573	(521,822)	195,751
	Contract 6	D-4	XIX	XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	4,294,432	(2,432,184)	1,862,248
	Contract 6	D-4	XIX	XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	85,902	(15,324)	70,578
	Contract 6	D-4	XIX	XIX	48.00	2	Medi-Cal Ancillary Charges - Intravenous Therapy	1,122	(1,122)	0
	Contract 6	D-4	XIX	XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	2,552,616	(1,983,682)	568,934
	Contract 6	D-4	XIX	XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	330,930	(226,732)	104,198
	Contract 6	D-4	XIX	XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	140,752	(87,652)	53,100
	Contract 6	D-4	XIX	XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	60,630	4,493	65,123
	Contract 6	D-4	XIX	XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,446,533	(869,297)	577,236
	Contract 6	D-4	XIX	XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	25,548	(13,520)	12,028
	Contract 6	D-4	XIX	XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	2,574,316	609,336	3,183,652
	Contract 6	D-4	XIX	XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	6,700,069	(3,232,510)	3,467,559
	Contract 6	D-4	XIX	XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	337,854	(247,704)	90,150
	Contract 6	D-4	XIX	XIX	59.00	2	Medi-Cal Ancillary Charges - Gastro Intestinal Services	329,559	(329,559)	0
	Contract 6	D-4	XIX	XIX	59.01	2	Medi-Cal Ancillary Charges - Cardiac Catheterization Laboratory	5,065,502	(3,351,151)	1,714,351
	Contract 6	D-4	XIX	XIX	59.02	2	Medi-Cal Ancillary Charges - CAT Scan / MRI	809,291	(241,594)	567,697
	Contract 6	D-4	XIX	XIX	60.04	2	Medi-Cal Ancillary Charges - OB/Gyn Clinic	11,570	(11,570)	0
	Contract 6	D-4	XIX	XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	1,123,216	(550,521)	572,695
	Contract 6	D-4	XIX	XIX	101.00	2	Medi-Cal Ancillary Charges - Total	35,591,387	(19,528,996)	16,062,391

- Continued on next page -

Provider Name		Fiscal Period		Provider Number		Adjustments			
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18			
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									
- Continued from previous page -									
12	Contract 2	E3	III	XIX	10.00	1	\$22,928,534	(\$11,975,109)	\$10,953,425
	Contract 2	E3	III	XIX	11.00	1	35,591,387	(19,488,496)	16,102,891
13	Contract 3	E-3	III	XIX	33.00	1	\$0	\$8,248	\$8,248
	Contract 3	E-3	III	XIX	36.00	1	0	175,890	175,890
<p>To adjust Medi-Cal Settlement Data to agree with the following SURS Paid Claims Summary: Report Date: September 2, 2009 Payment Period: July 1, 2007 through September 1, 2009 Service Period: July 1, 2007 through June 30, 2008 CMS Pub. 15-1, Sections 2304 and 2408.3</p>									

Provider Name		Fiscal Period		Provider Number		Adjustments			
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18			
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 - DPNF									
14	DPNF 1	D-1	I	XIX	9.00	1	13,692	24,443	38,135
Medi-Cal Days - Distinct Part Nursing Facility To adjust Medi-Cal DPNF Settlement Data to agree with the following SURS Paid Claims Summary: Report Date: September 2, 2009 Payment Period: July 1, 2007 through September 1, 2009 Service Period: July 1, 2007 through June 30, 2008 CMS Pub. 15-1, Sections 2304 and 2408.3									
15	DPNF 1	S-3	I		25.00	1	428	50	478
Total Licensed Capacity To identify general information on DPNF Schedule 1. CMS Pub. 15-1, Section 2304									

Provider Name		Fiscal Period		Provider Number		Adjustments		
SETON MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC00289G		18		
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 - SUBACUTE								
16	Subacute 1	Not Reported				0	10,135	10,135
	N/A	Not Reported				0	3,204	3,204
	Subacute 1	Not Reported				0	13,339	13,339
Medi-Cal Inpatient Days - Subacute Ventilator Medi-Cal Inpatient Days - Subacute Nonventilator Medi-Cal Inpatient Days - Total Subacute Days To adjust Medi-Cal Subacute Settlement Data to agree with the following SURS Paid Claims Summary: Report Date: September 2, 2009 Payment Period: July 1, 2007 through September 1, 2009 Service Period: July 1, 2007 through June 30, 2008 CMS Pub. 15-1, Sections 2304 and 2408.3								
17	Subacute 1	Not Reported				\$0	\$68,282	\$68,282
Subacute Costs - Ventilator To identify ventilator equipment expense on Subacute Schedule 1. CMS Pub. 15-1, Section 2304								
18	Subacute 1	S-3	I	25.00	1	428	50	478
Total Licensed Capacity To identify general information on Subacute Schedule 1. CMS Pub. 15-1, Section 2304								