

**REPORT  
ON THE  
COST REPORT REVIEW**

**ST. ROSE HOSPITAL  
HAYWARD, CALIFORNIA  
PROVIDER NUMBERS: HSC/ZZR00002F, LTC06036F, AND  
NPI NUMBERS: 1942298153 AND 1902982358**

**FISCAL PERIOD ENDED  
SEPTEMBER 30, 2008**

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

**Section Chief: Louise Wong  
Audit Supervisor: Marisa Ho  
Auditor: Li Yun (Eileen) Kuang**



DAVID MAXWELL-JOLLY  
*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

April 30, 2010

Michael French  
Director of Finance  
St. Rose Hospital  
27190 Calaroga Avenue  
Hayward, CA 94545

PROVIDER: ST. ROSE HOSPITAL  
PROVIDER NOS. HSC/ZZR00002F AND LTC06036F  
NPI NOS. 1942298153 AND 1902982358  
FISCAL PERIOD ENDED SEPTEMBER 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 \$126,168, 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. 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.

Michael French  
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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:**  
**ST. ROSE HOSPITAL**

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

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider No. ZZR00002F</b>	Reported	\$ 0	
	Net Change	\$ (126,168)	
	Audited Amount Due Provider (State)	\$ (126,168)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider No.</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider No. HSC00002F</b>	Reported		\$ 20,252,085
	Net Change		\$ (2,194,658)
	Audited Cost		\$ 18,057,427
	Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider No. LTC06036F</b>	Reported		\$ 1,169.52
	Net Change		\$ (169.90)
	Audited Cost Per Day		\$ 999.62
	Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider No.</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider No.</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>		\$ (126,168)	
<b>9. Total Medi-Cal Cost</b>			\$ 18,057,427

**SUMMARY OF FINDINGS**

**Provider Name:**  
**ST. ROSE HOSPITAL**

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

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0		
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0		
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0		
<b>14. County Medical Services Program (CMSP SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0		
<b>15. Transitional Care (TC SCH 1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (126,168)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No.  
ZZR00002F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 478,301
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	\$ _____ 478,301
6. Interim Payments (Adj 13)	\$ _____ 0	\$ _____ (604,469)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ (126,168)
8. Duplicate Payments (Adj )	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (126,168)
		(To Summary of Findings)

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
ST. ROSE HOSPITALFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZR00002F

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 493,265

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 11) \$ 0 \$ 4,789,8033. Inpatient Ancillary Service Charges (Adj 11) \$ 0 \$ 949,6774. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 5,739,4805. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 0 \$ 5,246,2156. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0  
(To Schedule 1)

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



COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:  
ST. ROSE HOSPITALFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZR00002F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 205,038
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 288,227
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	\$ 493,265
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 0	\$ 493,265
		(To Schedule 2)
9. Coinsurance (Adj 12)	\$ 0	\$ (14,964)
10. Patient and Third Party Liability (Adj )	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 478,301
		(To Schedule 1)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
ST. ROSE HOSPITALFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZR00002F

## 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 )	32,481	32,481
2. Inpatient Days (include private, exclude swing-bed)	32,481	32,481
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	32,481	32,481
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)	\$ 32,408,482	\$ 32,531,916
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)	\$ 32,408,482	\$ 32,531,916

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 185,042,868	\$ 185,042,868
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 185,042,868	\$ 185,042,868
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.175140	\$ 0.175807
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)	\$ 5,696.96	\$ 5,696.96
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)	\$ 32,408,482	\$ 32,531,916

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 997.77	\$ 1,001.57
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 288,227
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 288,227

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
ST. ROSE HOSPITALFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZR00002F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,699,175	\$ 1,702,568
2. Total Inpatient Days (Adj )	3,070	3,070
3. Average Per Diem Cost	\$ 553.48	\$ 554.58
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 8,984,062	\$ 8,991,504
7. Total Inpatient Days (Adj )	4,231	4,231
8. Average Per Diem Cost	\$ 2,123.39	\$ 2,125.15
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 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
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<hr/>		
26. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj 6 )	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<hr/>		
29. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj )	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<hr/>		
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 0

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
ST. ROSE HOSPITALFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No.  
ZZR00002F

## SPECIAL CARE UNITS

	REPORTED	AUDITED
ADMINISTRATIVE DAYS (October 1, 2007 through July 31, 2008)		
1. Per Diem Rate (Adj 8)	\$ 0.00	\$ 314.25
2. Medi-Cal Inpatient Days (Adj 8)	0	80
3. Cost Applicable to Medi-Cal	\$ 0	\$ 25,140
ADMINISTRATIVE DAYS (October 1, 2007 through July 31, 2008)		
4. Per Diem Rate (Adj 8)	\$ 0.00	\$ 310.68
5. Medi-Cal Inpatient Days (Adj 8)	0	643
6. Cost Applicable to Medi-Cal	\$ 0	\$ 199,767
ADMINISTRATIVE DAYS (October 1, 2007 through July 31, 2008)		
7. Per Diem Rate (Adj 8)	\$ 0.00	\$ 305.84
8. Medi-Cal Inpatient Days (Adj 8)	0	44
9. Cost Applicable to Medi-Cal	\$ 0	\$ 13,457
ADMINISTRATIVE DAYS (October 1, 2007 through July 31, 2008)		
10. Per Diem Rate (Adj 8)	\$ 0.00	\$ 304.82
11. Medi-Cal Inpatient Days (Adj 8)	0	53
12. Cost Applicable to Medi-Cal	\$ 0	\$ 16,155
ADMINISTRATIVE DAYS (October 1, 2007 through July 31, 2008)		
13. Per Diem Rate (Adj 8) Late billing at 75%	\$ 0.00	\$ 233.01
14. Medi-Cal Inpatient Days (Adj 8)	0	9
15. Cost Applicable to Medi-Cal	\$ 0	\$ 2,097
ADMINISTRATIVE DAYS (August 1, 2008 through September 30, 2008)		
16. Per Diem Rate (Adj 9)	\$ 0.00	\$ 310.68
17. Medi-Cal Inpatient Days (Adj 9)	0	33
18. Cost Applicable to Medi-Cal	\$ 0	\$ 10,252
ADMINISTRATIVE DAYS (August 1, 2008 through September 30, 2008)		
19. Per Diem Rate (Adj 9)	\$ 0.00	\$ 306.18
20. Medi-Cal Inpatient Days (Adj 9)	0	69
21. Cost Applicable to Medi-Cal	\$ 0	\$ 21,126
ADMINISTRATIVE DAYS (August 1, 2008 through September 30, 2008)		
22. Per Diem Rate (Adj 9)	\$ 0.00	\$ 233.01
23. Medi-Cal Inpatient Days (Adj 9)	0	1
24. Cost Applicable to Medi-Cal	\$ 0	\$ 233
25. Medi-Cal Routine Cost (Sum of Lines 3,6,9,12,15,18,21,24)	\$ 0	\$ 288,227

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
ZZR00002F

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
37.00	Operating Room	\$ 4,566,164	\$ 30,668,149	0.148889	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	3,953,033	5,600,302	0.705861	0	0
40.00	Anesthesiology	912,457	1,886,621	0.483646	0	0
41.00	Radiology - Diagnostic	10,573,100	80,134,656	0.131942	121,361	16,013
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	0	0	0.000000	0	0
44.00	Laboratory	6,448,004	29,368,198	0.219557	299,894	65,844
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	29,530	2,157,983	0.013684	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	3,535,579	12,313,336	0.287134	0	0
50.00	Physical Therapy	2,098,921	8,443,098	0.248596	131,985	32,811
51.00	Occupational Therapy	501,011	2,216,830	0.226003	25,021	5,655
52.00	Speech Pathology	230,340	1,703,002	0.135255	36,824	4,981
53.00	Electrocardiology	781,627	6,933,257	0.112736	0	0
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	9,291,001	69,823,185	0.133065	0	0
56.00	Drugs Charged to Patients	5,461,567	22,918,647	0.238302	334,592	79,734
57.00	Renal Dialysis	906,444	3,446,416	0.263011	0	0
58.00	ASC (Non-Distinct Part)	1,429,132	7,056,447	0.202529	0	0
58.02	Infusion Service	0	0	0.000000	0	0
59.01		0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	3,227,892	4,396,970	0.734117	0	0
60.01	Gastro-Intestinal Serviceis	0	0	0.000000	0	0
61.00	Emergency	8,111,350	30,554,225	0.265474	0	0
62.00	Observation Beds	0	0	0.000000	0	0
62.01	Pros Clinic	0	0	0.000000	0	0
62.02	Melanoma Center	0	0	0.000000	0	0
62.03	Emergency	0	0	0.000000	0	0
65.00	Observation Beds	0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 62,057,152	\$ 319,621,322		\$ 949,677	\$ 205,038

(To Schedule 3)

\* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
ZZR00002F

	REPORTED	ADJUSTMENTS (Adj 10)	AUDITED
<b>ANCILLARY CHARGES</b>			
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	121,361	121,361
41.01			0
41.02			0
42.00 Radiology - Therapeutic			0
43.00 Radioisotope			0
44.00 Laboratory	0	299,894	299,894
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	131,985	131,985
51.00 Occupational Therapy	0	25,021	25,021
52.00 Speech Pathology	0	36,824	36,824
53.00 Electrocardiology			0
54.00 Electroencephalography			0
55.00 Medical Supplies Charged to Patients			0
56.00 Drugs Charged to Patients	0	334,592	334,592
57.00 Renal Dialysis			0
58.00 ASC (Non-Distinct Part)			0
58.02 Infusion Service			0
59.01			0
59.02			0
59.03			0
60.00 Clinic			0
60.01 Gastro-Intestinal Serviceis			0
61.00 Emergency			0
62.00 Observation Beds			0
62.01 Pros Clinic			0
62.02 Melanoma Center			0
62.03 Emergency			0
65.00 Observation Beds			0
85.00			0
86.00			0
<b>TOTAL MEDI-CAL ANCILLARY CHARGES</b>	<b>\$ 0</b>	<b>\$ 949,677</b>	<b>\$ 949,677</b>

(To Schedule 5)

COMPUTATION OF PROFESSIONAL  
COMPONENT OF HOSPITAL BASED  
PHYSICIAN'S REMUNERATIONProvider Name:  
ST. ROSE HOSPITALFiscal Period Ended:  
SEPTEMBER 30, 2008Provider No:  
ZZR00002F

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

(To Schedule 3)

## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
HSC00002F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>20,252,085</u>	\$ <u>18,057,427</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>20,252,085</u>	\$ <u>18,057,427</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>20,252,085</u>	\$ <u>18,057,427</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:**  
**ST. ROSE HOSPITAL**

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

**Provider No:**  
**HSC00002F**

<b>REPORTED</b>
-----------------

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

1. Cost of Covered Services (Contract Sch 3)	\$ <u>20,252,085</u>	\$ <u>18,365,203</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adj 16)	\$ <u>50,162,853</u>	\$ <u>47,342,062</u>
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3. Inpatient Ancillary Service Charges (Adj 16)	\$ <u>41,929,965</u>	\$ <u>41,755,897</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>92,092,818</u>	\$ <u>89,097,959</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>71,840,733</u>	\$ <u>70,732,756</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:**  
**ST. ROSE HOSPITAL**

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

**Provider No:**  
**HSC00002F**

	<b>REPORTED</b>	<b>AUDITED</b>
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>9,193,739</u>	\$ <u>8,531,887</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>11,058,346</u>	\$ <u>9,833,316</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>20,252,085</u>	\$ <u>18,365,203</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>20,252,085</u>	\$ <u>18,365,203</u> (To Contract Sch 2)
9. Coinsurance (Adj 17)	\$ <u>0</u>	\$ <u>(297,607)</u>
10. Patient and Third Party Liability (Adj 17)	\$ <u>0</u>	\$ <u>(10,169)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>20,252,085</u>	\$ <u>18,057,427</u> (To Contract Sch 1)

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

**Provider Name:**  
**ST. ROSE HOSPITAL**

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

**Provider No:**  
**HSC00002F**

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

	REPORTED	AUDITED
<b>INPATIENT DAYS</b>		
1. Total Inpatient Days (include private & swing-bed) (Adj )	32,481	32,481
2. Inpatient Days (include private, exclude swing-bed)	32,481	32,481
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	32,481	32,481
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 14)	8,313	6,982

**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)	\$ 32,408,482	\$ 32,531,916
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)	\$ 32,408,482	\$ 32,531,916

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj )	\$ 185,042,868	\$ 185,042,868
29. Private Room Charges (excluding swing-bed charges)(Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj )	\$ 185,042,868	\$ 185,042,868
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.175140	\$ 0.175807
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)	\$ 5,696.96	\$ 5,696.96
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)	\$ 32,408,482	\$ 32,531,916

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 997.77	\$ 1,001.57
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 8,294,462	\$ 6,992,962
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 2,763,884	\$ 2,840,354
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 11,058,346	\$ 9,833,316

(To Contract Sch 3)

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

**Provider Name:**  
**ST. ROSE HOSPITAL**

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

**Provider No:**  
**HSC00002F**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,699,175	\$ 1,702,568
2. Total Inpatient Days (Adj )	3,070	3,070
3. Average Per Diem Cost	\$ 553.48	\$ 554.58
4. Medi-Cal Inpatient Days (Adj 14)	1,514	1,669
5. Cost Applicable to Medi-Cal	\$ 837,969	\$ 925,594
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 8,984,062	\$ 8,991,504
7. Total Inpatient Days (Adj )	4,231	4,231
8. Average Per Diem Cost	\$ 2,123.39	\$ 2,125.15
9. Medi-Cal Inpatient Days (Adj 14)	907	901
10. Cost Applicable to Medi-Cal	\$ 1,925,915	\$ 1,914,760
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 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
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 2,763,884	\$ 2,840,354

(To Contract Sch 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
HSC00002F

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:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
HSC00002F

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 15)	AUDITED
37.00	Operating Room	\$ 3,816,293	\$ 30,275	\$ 3,846,568
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room	3,072,709	(1,002,380)	2,070,329
40.00	Anesthesiology	164,204	96,913	261,117
41.00	Radiology - Diagnostic	7,658,089	(2,035,548)	5,622,541
41.01				0
41.02				0
42.00	Radiology - Therapeutic			0
43.00	Radioisotope			0
44.00	Laboratory	4,222,583	323,793	4,546,376
44.01	Pathological Lab			0
46.00	Whole Blood	397,067	(397,067)	0
47.00	Blood Storing and Processing			0
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	3,113,942	(512,536)	2,601,406
50.00	Physical Therapy	662,734	(86,772)	575,962
51.00	Occupational Therapy	361,308	(285,675)	75,633
52.00	Speech Pathology	243,269	(44,361)	198,908
53.00	Electrocardiology	1,036,623	1,401,470	2,438,093
54.00	Electroencephalography			0
55.00	Medical Supplies Charged to Patients	9,774,878	2,527,681	12,302,559
56.00	Drugs Charged to Patients	4,343,852	389,696	4,733,548
57.00	Renal Dialysis	713,930	(27,325)	686,605
58.00	ASC (Non-Distinct Part)	615,814	(615,814)	0
58.02	Infusion Service			0
59.01				0
59.02				0
59.03				0
60.00	Clinic	118,039	(118,039)	0
60.01	Gastro-Intestinal Serviceis			0
61.00	Emergency	1,614,631	181,621	1,796,252
62.00	Observation Beds			0
62.01	Pros Clinic			0
62.02	Melanoma Center			0
62.03	Emergency			0
65.00	Observation Beds			0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 41,929,965	\$ (174,068)	\$ 41,755,897

(To Contract Sch 5)





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

**Provider Name:  
ST. ROSE HOSPITAL**

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

**Provider No:  
LTC06036F**

	<b>REPORTED</b>	<b>AUDITED</b>	<b>DIFFERENCE</b>
<b>COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM</b>			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 241,307	\$ 141,029	\$ (100,278)
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 4,055,504	\$ 3,531,577	\$ (523,927)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 4,296,811	\$ 3,672,606	\$ (624,205)
4. Total Distinct Part Patient Days (Adj )	3,674	3,674	0
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 1,169.52	\$ 999.62	\$ (169.90)
<b>DPNF OVERPAYMENT AND OVERBILLINGS</b>			
6. Medi-Cal Overpayments (Adj )	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj )	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
<b>GENERAL INFORMATION</b>			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	22	22	0
10. Total Licensed Capacity (All levels) (Adj )	163	163	0
11. Total Medi-Cal DP Patient Days (Adj 18)	884	633	(251)
<b>CAPITAL RELATED COST</b>			
12. Direct Capital Related Cost	N/A	\$ 63,874	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 168,891	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 232,765	N/A
<b>TOTAL SALARY &amp; BENEFITS</b>			
15. Direct Salary & Benefits Expenses	N/A	\$ 1,826,615	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 937,787	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 2,764,402	N/A

## SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
LTC06036F

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 1,995,101	\$ 1,995,101	\$ 0
1.00	Old Capital Related Costs - Building and Fixtures	9,267	4,223	(5,044)
2.00	Old Capital Related Costs - Movable Equipment		0	0
3.00	New Capital Related Costs - Building and Fixtures	97,273	43,392	(53,881)
4.00	New Capital Related Costs - Movable Equipment	36,119	36,119	(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	354,288	354,854	566
6.01	Non-Patient Telephones	14,006	5,391	(8,615)
0.00			0	0
6.02	Purchasing/Receiving	2,038	2,024	(14)
6.03	Patient Admitting	23,050	23,060	10
6.04	Patient Business Office	20,501	20,106	(395)
6.05			0	0
6.07			0	0
6.08			0	0
6.05	Other Administrative and General	226,701	221,150	(5,551)
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	566,271	264,984	(301,287)
9.00	Laundry and Linen Service	37,997	38,392	395
10.00	Housekeeping	277,955	130,499	(147,456)
11.00	Dietary	196,325	189,758	(6,567)
12.00	Cafeteria	32,419	35,602	3,183
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	35,408	35,585	177
15.00	Central Services and Supply	3,349	3,361	12
16.00	Pharmacy	3,946	3,943	(3)
17.00	Medical Records and Library	39,556	39,877	321
18.00	Social Service	83,934	84,157	223
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	\$ 4,055,504	\$ 3,531,577	\$ (523,927)

(To DPNF Sch 1)

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

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

Provider No:  
LTC06036F

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
<b>ANCILLARY COST CENTERS</b>					(From DPNF Sch 4)	
49.00	Respiratory Therapy	\$ 3,535,579	\$ 12,313,336	0.287134	\$ 20,980	\$ 6,024
55.00	Med Supply Charged to Patients	9,291,001	69,823,185	0.133065	512,771	68,232
56.00	Drugs Charged to Patients	5,461,567	22,918,647	0.238302	280,202	66,773
37.00	Operatiing Room	4,566,164	30,668,149	0.148889	0	0
40.00	Anesthesiology	912,457	1,886,621	0.483646	0	0
41.00	Radiology - Diagnostic	10,573,100	80,134,656	0.131942	0	0
44.00	Laboratory	6,448,004	29,368,198	0.219557	0	0
46.00	Whole Blood	29,530	2,157,983	0.013684	0	0
50.00	Physical Therapy	2,098,921	8,443,098	0.248596	0	0
51.00	Occupational Therapy	501,011	2,216,830	0.226003	0	0
52.00	Speech Pathology	230,340	1,703,002	0.135255	0	0
53.00	Electrocardiology	781,627	6,933,257	0.112736	0	0
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
101.00	TOTAL	\$ 44,429,300	\$ 268,566,962		\$ 813,953	\$ 141,029

(To DPNF Sch 1)

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



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

**Provider Name:**  
**ST. ROSE HOSPITAL**

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

**Provider No:**  
**LTC06036F**

<b>COL.</b>	<b>COST CENTER</b>	<b>AUDITED CAP RELATED * (COL 1)</b>	<b>AUDITED SAL &amp; EMP BENEFITS * (COL 2)</b>
1.00	Old Capital Related Costs - Building and Fixtures	\$ 4,223	\$ N/A
2.00	Old Capital Related Costs - Movable Equipment	0	N/A
3.00	New Capital Related Costs - Building and Fixtures	43,392	N/A
4.00	New Capital Related Costs - Movable Equipment	36,119	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	265	354,589
6.01	Non-Patient Telephones	3,924	4,812
0.00		0	0
6.02	Purchasing/Receiving	241	1,512
6.03	Patient Admitting	162	19,880
6.04	Patient Business Office	571	15,739
6.05		0	0
6.07		0	0
6.08		0	0
6.05	Other Administrative and General	14,862	93,306
7.00	Maintenance and Repairs	0	0
8.00	Operation of Plant	39,633	77,819
9.00	Laundry and Linen Service	2,442	8,499
10.00	Housekeeping	1,435	92,266
11.00	Dietary	15,690	101,695
12.00	Cafeteria	1,536	22,843
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	670	32,512
15.00	Central Services and Supply	272	1,312
16.00	Pharmacy	163	3,155
17.00	Medical Records and Library	2,599	30,406
18.00	Social Service	695	77,442
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	<b>TOTAL ALLOCATED INDIRECT EXPENSES</b>	<b>\$ 168,891</b>	<b>\$ 937,787</b>

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

(To DPNF SCH 1)

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10)	OLD BLDG & FIXTURES	OLD MOVABLE EQUIP	NEW CAPITAL BLDG & FIXTURES	NEW MOVABLE EQUIP	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
<b>GENERAL SERVICE COST CENTER</b>													
1.00	Old Capital Related Costs - Building and Fixtures	123,834											
2.00	Old Capital Related Costs - Movable Equipment	0											
3.00	New Capital Related Costs - Building and Fixtures	1,272,394											
4.00	New Capital Related Costs - Movable Equipment	3,211,438											
4.01		0											
4.02		0											
4.03		0											
4.04		0											
4.05		0											
4.06		0											
4.07		0											
4.08		0											
5.00	Employee Benefits	11,986,410	690		7,087	1,170							
6.01	Non-Patient Telephones	125,486	586		6,022	0							
0.00		0			0	0							
6.02	Purchasing/Receiving	478,245	2,683		27,570	8,301							
6.03	Patient Admitting	1,266,975	685		7,040	2,483							
6.04	Patient Business Office	1,391,085	1,685		17,315	4,117							
6.05		0	0		0	0							
6.07		0	0		0	0							
6.08		0	0		0	0							
6.05	Other Administrative and General	8,206,424	10,675		109,685	187,979							
7.00	Maintenance and Repairs	0			0	0							
8.00	Operation of Plant	3,457,120	31,547		324,150	319,811							
9.00	Laundry and Linen Service	472,201	1,855		19,057	699							
10.00	Housekeeping	1,792,367	432		4,434	3,122							
11.00	Dietary	1,328,304	2,748		28,233	96,813							
12.00	Cafeteria	768,455	1,821		18,715	4,794							
13.00	Maintenance of Personnel	0	0		0	0							
14.00	Nursing Administration	559,169	417		4,280	1,466							
15.00	Central Services and Supply	710,295	450		4,629	17,336							
16.00	Pharmacy	1,516,424	831		8,540	11,136							
17.00	Medical Records and Library	2,224,654	3,007		30,893	59,692							
18.00	Social Service	747,193	94		965	0							
19.00		0	0		0	0							
19.02		0	0		0	0							
19.03		0	0		0	0							
21.00	Nursing School	0	0		0	0							
21.01	Clinical Pastoral Education	0	0		0	0							
22.00	Intern and Res Service - Salary and Fringes	0	0		0	0							
23.00	Intern and Res - Other Program	0	0		0	0							
24.00	Paramedical Ed Program	0	0		0	0							
<b>INPATIENT ROUTINE COST CENTERS</b>													
25.00	Adults and Pediatrics (Gen Routine)	18,684,253	25,109		257,991	215,662							
26.00	Intensive Care Unit	5,838,708	1,351		13,886	302,277							
27.00	Coronary Care Unit	0	0		0	0							
28.00	Neonatal Intensive Care Unit	0	0		0	0							
29.00	Surgical Intensive Care	0	0		0	0							
31.00	Subprovider	0	0		0	0							
31.01	Subprovider 2 Psych	0	0		0	0							
32.00	Nursery	1,068,662	628		6,457	32,477							
34.00	Skilled Nursing Facility	1,995,101	4,223		43,392	36,119							
35.00	Distinct Part Nursing Facility	0	0		0	0							
36.00	Adult Subacute Care Unit	0	0		0	0							
36.01	Subacute Care Unit II	0	0		0	0							
36.02	Transitional Care Unit	0	0		0	0							

Provider Name:

ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	2,177,771	4,610	0	47,364	432,719	0	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	2,527,082	2,733	0	28,086	152,421	0	0	0	0	0	0	0
40.00 Anesthesiology	645,252	52	0	536	21,726	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	6,302,704	4,059	0	41,704	860,075	0	0	0	0	0	0	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	4,695,523	2,430	0	24,965	42,865	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	2,520,709	398	0	4,086	74,212	0	0	0	0	0	0	0
50.00 Physical Therapy	1,307,824	2,386	0	24,516	21,057	0	0	0	0	0	0	0
51.00 Occupational Therapy	346,579	396	0	4,073	879	0	0	0	0	0	0	0
52.00 Speech Pathology	175,030	100	0	1,032	2,520	0	0	0	0	0	0	0
53.00 Electrocardiology	434,792	274	0	2,820	97,617	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	7,598,109	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	2,748,130	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	791,546	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	841,427	1,293	0	13,283	72,009	0	0	0	0	0	0	0
58.02 Intusion Service	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	2,104,562	2,932	0	30,129	60,077	0	0	0	0	0	0	0
60.01 Gastro-Intestinal Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	5,631,958	1,420	0	14,596	67,806	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
62.01 Pros Clinic	0	0	0	0	0	0	0	0	0	0	0	0
62.02 Melanoma Center	0	0	0	0	0	0	0	0	0	0	0	0
62.03 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00 Gift, Flower, Coffee Shop and Canteen	0	211	0	2,164	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	1,261,030	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
99.05 Lifetime	0	0	0	0	0	0	0	0	0	0	0	0
99.06 Public Relations	0	0	0	0	0	0	0	0	0	0	0	0
99.09 Adult Day Health Care	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Corporate Planning	285,511	9,022	0	92,704	0	0	0	0	0	0	0	0
100.02 Physician IPA	0	0	0	0	0	0	0	0	0	0	0	0
100.03 Foundation Administration	357,339	0	0	0	0	0	0	0	0	0	0	0
TOTAL	111,978,085	123,834	0	1,272,394	3,211,438	0	0	0	0	0	0	0





STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	NONPAT'S PHONES 6.01	ALLOC COST 0.00	PURCHASING RECEIVING 6.02	ADMITTING COST 6.03	CASHIERING ACCOUNTS RECEIVABLE 6.04	ALLOC COST 6.05	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINISTRATIVE & GENERAL 6.05
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	379,977	7,188	0	127,993	59,505	91,223	0	0	0	3,328,347	296,290
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	482,192	0	0	5,805	13,648	16,658	0	0	0	3,228,636	287,413
40.00 Anesthesiology	0	123,034	0	0	2,105	3,586	5,612	0	0	0	801,903	71,385
41.00 Radiology - Diagnostic	0	803,773	13,477	0	134,709	134,019	238,362	0	0	0	8,532,881	759,597
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	441,540	8,086	0	51,945	65,141	87,356	0	0	0	5,419,850	482,475
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
44.01 Pathological Lab	0	0	0	0	1,078	6,284	6,419	0	0	0	13,781	1,227
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	373,648	5,391	0	12,486	38,797	36,626	0	0	0	3,066,354	272,967
50.00 Physical Therapy	0	218,821	8,985	0	765	15,810	25,114	0	0	0	1,625,277	144,682
51.00 Occupational Therapy	0	38,426	2,695	0	349	4,261	6,594	0	0	0	404,251	35,986
52.00 Speech Pathology	0	0	0	0	64	5,116	5,066	0	0	0	188,928	16,818
53.00 Electrocardiology	0	71,013	0	0	404	19,095	20,623	0	0	0	646,638	57,564
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	206,096	207,690	0	0	0	8,011,896	713,219
56.00 Drugs Charged to Patients	0	0	0	0	0	69,650	68,172	0	0	0	2,885,952	256,907
57.00 Renal Dialysis	0	0	0	0	11	11,696	10,251	0	0	0	813,504	72,418
58.00 ASC (Non-Distinct Part)	0	148,462	0	0	6,533	10,695	20,990	0	0	0	1,114,692	99,230
58.02 Infusion Service	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	345,288	10,781	0	7,293	10,020	13,079	0	0	0	2,584,162	230,042
60.01 Gastro-Intestinal Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	1,029,056	12,578	0	14,495	27,587	90,884	0	0	0	6,890,381	613,382
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
62.01 Pros Clinic	0	0	0	0	0	0	0	0	0	0	0	0
62.02 Melanoma Center	0	0	0	0	0	0	0	0	0	0	0	0
62.03 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0	0	2,374	211
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	12,674	0	0	65	0	0	0	0	0	1,273,769	113,391
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
99.05 Lifetime	0	0	0	0	0	0	0	0	0	0	0	0
99.06 Public Relations	0	0	0	0	0	0	0	0	0	0	0	0
99.09 Adult Day Health Care	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Corporate Planning	0	28,441	0	0	5	0	0	0	0	0	415,683	37,004
100.02 Physician IPA	0	0	0	0	0	0	0	0	0	0	0	0
100.03 Foundation Administration	0	51,226	0	0	0	0	0	0	0	0	408,565	36,370
<b>TOTAL</b>	<b>0</b>	<b>11,995,357</b>	<b>154,534</b>	<b>0</b>	<b>591,373</b>	<b>1,486,087</b>	<b>1,640,826</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>111,978,085</b>	<b>9,153,450</b>

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 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
<b>GENERAL SERVICE COST CENTER</b>												
1.00 Old Capital Related Costs - Building and Fixtures												
2.00 Old Capital Related Costs - Movable Equipment												
3.00 New Capital Related Costs - Building and Fixtures												
4.00 New Capital Related Costs - Movable Equipment												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00 Employee Benefits												
6.01 Non-Patient Telephones												
6.02 Purchasing/Receiving												
6.03 Patient Admitting												
6.04 Patient Business Office												
6.05												
6.07												
6.08												
6.05 Other Administrative and General												
7.00 Maintenance and Repairs												
8.00 Operation of Plant												
9.00 Laundry and Linen Service		116,376										
10.00 Housekeeping		27,079										
11.00 Dietary		172,416		84,911								
12.00 Cafeteria		114,289		56,285								
13.00 Maintenance of Personnel		0		0								
14.00 Nursing Administration		26,138		12,873		8,808						
15.00 Central Services and Supply		28,266		13,920		9,153			224,999			
16.00 Pharmacy		52,154		25,685		27,293						
17.00 Medical Records and Library		188,655		92,909		53,883						
18.00 Social Service		5,890		2,901		18,123						
19.00		0		0		0						
19.02		0		0		0						
19.03		0		0		0						
21.00 Nursing School		0		0		0						
21.01 Clinical Pastoral Education		0		0		0						
22.00 Intern and Res Service - Salary and Fringes		0		0		0						
23.00 Intern and Res - Other Program		0		0		0						
24.00 Paramedical Ed Program		0		0		0						
<b>INPATIENT ROUTINE COST CENTERS</b>												
25.00 Adults and Pediatrics (Gen Routine)		1,575,508	316,128	775,906	1,677,550	378,843		394,886	34,361	48,925	1,052,096	744,016
26.00 Intensive Care Unit		84,797	66,376	41,761	129,377	93,902		89,739	12,676	17,337	235,969	96,916
27.00 Coronary Care Unit		0	0	0	0	0		0	0	0	0	0
28.00 Neonatal Intensive Care Unit		0	0	0	0	0		0	0	0	0	0
29.00 Surgical Intensive Care		0	0	0	0	0		0	0	0	0	0
31.00 Subprovider		0	0	0	0	0		0	0	0	0	0
31.01 Subprovider 2 Psych		0	0	0	0	0		0	0	0	0	0
32.00		0	0	0	0	0		0	0	0	0	0
33.00 Nursery		39,433	16,824	19,420	0	15,562		17,724	3,638	114	40,763	70,322
34.00 Skilled Nursing Facility		264,984	38,392	130,499	189,758	35,602		35,585	3,361	3,943	39,877	84,157
35.00 Distinct Part Nursing Facility		0	0	0	0	0		0	0	0	0	0
36.00 Adult Subacute Care Unit		0	0	0	0	0		0	0	0	0	0
36.01 Subacute Care Unit II		0	0	0	0	0		0	0	0	0	0
36.02 Transitional Care Unit		0	0	0	0	0		0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (WS B)

SCHEDULE 8.2

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 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
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	289,241	35,099	142,445	0	44,797	0	27,354	212,603	9,064	180,924	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	171,516	53,543	84,468	0	40,665	0	42,071	9,643	2,040	33,039	0
40.00 Anesthesiology	0	3,272	0	1,612	0	8,569	0	9,998	3,496	1,092	11,130	0
41.00 Radiology - Diagnostic	0	254,676	38,082	125,423	0	89,189	0	21,509	203,548	75,447	472,748	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	152,454	0	75,080	0	54,119	0	4,061	86,284	425	173,255	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	1,791	0	12,731	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	24,952	2,533	12,288	0	43,237	0	13,281	20,741	6,584	72,641	0
50.00 Physical Therapy	0	149,713	12,893	73,731	0	30,608	0	10,712	1,270	226	49,809	0
51.00 Occupational Therapy	0	24,870	0	12,248	0	6,952	0	2,877	579	168	13,078	0
52.00 Speech Pathology	0	6,299	0	3,102	0	2,324	0	2,715	106	0	10,047	0
53.00 Electrocardiology	0	17,221	0	8,481	0	9,620	0	453	670	79	40,902	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	18,938	0	0	0	0	0	91,842	43,190	411,916	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	2,183,502	135,207	135,207	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	18	172	20,332	0
58.00 ASC (Non-Distinct Part)	0	81,115	14,143	39,948	0	12,756	0	13,775	10,852	992	41,629	0
58.02 Infusion Service	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	183,992	2,297	90,612	8,867	51,041	0	8,996	12,114	29,829	25,940	0
60.01 Gastro-Intestinal Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	89,133	56,637	43,896	0	101,950	0	85,793	24,076	25,850	180,252	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
62.01 Pros Clinic	0	0	0	0	0	0	0	0	0	0	0	0
62.02 Melanoma Center	0	0	0	0	0	0	0	0	0	0	0	0
62.03 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00 Gift, Flower, Coffee Shop and Canteen	0	13,212	0	6,507	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	2,591	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
99.05 Lifetime	0	0	0	0	0	0	0	0	0	0	0	0
99.06 Public Relations	0	0	0	0	0	0	0	0	0	0	0	0
99.09 Adult Day Health Care	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Corporate Planning	0	566,129	0	278,807	0	2,540	0	0	8	0	0	0
100.02 Physician IPA	0	0	0	0	0	0	0	0	0	0	0	0
100.03 Foundation Administration	0	0	0	0	0	6,205	0	0	0	0	0	0
TOTAL	0	4,723,784	671,884	2,255,718	2,005,552	1,148,330	0	781,529	958,679	2,448,981	3,254,283	985,412



STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 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	POST		TOTAL COST
									SUBTOTAL	STEP-DOWN ADJUSTMENT	
<b>ANCILLARY COST CENTERS</b>									25.00	26.00	27.00
37.00 Operating Room	0	0	0	0	0	0	0	0	4,566,164	0	4,566,164
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	3,953,033	0	3,953,033
40.00 Anesthesiology	0	0	0	0	0	0	0	0	912,457	0	912,457
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	10,573,100	0	10,573,100
41.01	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	0	0	0	0	0	0	0	6,448,004	0	6,448,004
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	29,530	0	29,530
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	3,535,579	0	3,535,579
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,098,921	0	2,098,921
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	501,011	0	501,011
52.00 Speech Pathology	0	0	0	0	0	0	0	0	230,340	0	230,340
53.00 Electrocardiology	0	0	0	0	0	0	0	0	781,627	0	781,627
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	9,291,001	0	9,291,001
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	5,461,567	0	5,461,567
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	906,444	0	906,444
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	1,429,132	0	1,429,132
58.02 Infusion Service	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0
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 Gastro-Intestinal Services	0	0	0	0	0	0	0	0	3,227,892	0	3,227,892
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	8,111,350	0	8,111,350
62.01 Pros Clinic	0	0	0	0	0	0	0	0	0	0	0
62.02 Melanoma Center	0	0	0	0	0	0	0	0	0	0	0
62.03 Emergency	0	0	0	0	0	0	0	0	0	0	0
65.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>									22,305	0	22,305
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	1,389,751	0	1,389,751
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
99.05 Lifetime	0	0	0	0	0	0	0	0	0	0	0
99.06 Public Relations	0	0	0	0	0	0	0	0	0	0	0
99.09 Adult Day Health Care	0	0	0	0	0	0	0	0	0	0	0
100.00 Corporate Planning	0	0	0	0	0	0	0	0	1,300,171	0	1,300,171
100.02 Physician IPA	0	0	0	0	0	0	0	0	0	0	0
100.03 Foundation Administration	0	0	0	0	0	0	0	0	451,141	0	451,141
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>111,978,085</b>	<b>0</b>	<b>111,978,085</b>









STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	EMP BENE (GROSS SALARIES) 5.00 (Adj's 5.6)	NON- PATIENT PHONES 6.01	STAT	PURCHASING RECEIVING (CST REQ) 6.02	ADMITTING REVENUE 6.03	CASHER/AR (GROSS REVENUE) 6.04	STAT	STAT	STAT	ADM & GEN (ACCU M COST) 6.08	MAINT & REPAIRS (SQ.FT) 7.00
<b>ANCILLARY COST CENTERS</b>											
37.00	1,955,934	16		2,630,950	17,441,911	30,668,149				3,328,347	
38.00										0	
39.00	2,482,088			119,328	4,000,353	5,600,302				3,228,636	
40.00	633,318			43,263	1,051,224	1,886,620				801,903	
41.00	4,137,427	30		2,769,015	39,283,627	80,134,656				8,532,881	
41.01										0	
41.02										0	
42.00										0	
43.00										0	
44.00	2,272,833	18		1,067,759	19,094,015	29,368,198				5,419,850	
44.01										13,781	
46.00				22,168	1,841,851	2,157,983				0	
47.00										0	
48.00										0	
49.00	1,923,359	12		256,664	11,372,207	12,313,336				3,066,354	
50.00	1,126,383	20		15,716	4,634,273	8,443,098				1,625,277	
51.00	197,796	6		7,170	1,248,918	2,216,830				404,251	
52.00	365,541			1,310	1,499,732	1,703,002				188,928	
53.00				8,296	5,597,041	6,933,256				646,638	
54.00										0	
55.00					60,410,805	69,823,184				8,011,896	
56.00					20,415,693	22,918,646				2,885,952	
57.00	764,212			217	3,428,390	3,446,417				813,504	
58.00				134,298	3,134,785	7,056,447				1,114,692	
58.02										0	
59.01										0	
59.02										0	
59.03										0	
60.00	1,777,375	24		149,908	2,937,052	4,396,970				2,584,162	
60.01										0	
61.00	5,297,077	28		297,944	8,086,391	30,554,225				6,890,381	
62.00										0	
62.01										0	
62.02										0	
62.03										0	
65.00										0	
85.00										0	
86.00										0	
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00										2,374	
97.00										0	
98.00	65,241			1,337						1,273,769	
99.00										0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
99.06										0	
99.09	146,400			99						415,683	
100.00										0	
100.02										0	
100.03	263,688									408,565	
TOTAL	61,746,215	344	0	12,155,957	435,600,566	551,628,148	0	0	0	102,824,635	0
COST TO BE ALLOCATED	11,995,357	154,534	0	591,373	1,486,088	1,640,826	0	0	0	9,153,450	0
UNIT COST MULTIPLIER - SCH 8	0.194269	449.226731	0.000000	0.048649	0.003412	0.002975	0.000000	0.000000	0.000000	0.089020	0.000000



STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LINDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REV)	SOC SERV (PATIENT DAYS)	STAT
	(Adj 1)	9.00	10.00 (Adj 1)	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00
<b>ANCILLARY COST CENTERS</b>												
37.00	7,071	70,847	7,071	46,462	24,280	2,630,950	11,408	30,668,149				
38.00												
39.00	4,193	108,076	4,193	42,176	37,344	119,328	2,568	5,600,302				
40.00	80		80	8,887	1,374	43,263	1,374	1,886,620				
41.00	6,226	76,868	6,226	92,504	19,092	2,518,892	94,957	80,134,656				
41.01												
41.02												
42.00												
43.00												
44.00												
44.01												
46.00												
47.00												
48.00												
49.00	610	5,112	610	44,844	11,789	256,664	8,287	12,313,336				
50.00	3,660	26,024	3,660	31,746	9,508	15,716	284	8,443,098				
51.00	608		608	7,210	2,554	7,170	212	2,216,830				
52.00	154		154	2,410	2,410	1,310	99	1,703,002				
53.00	421		421	9,977	402	8,296		6,933,256				
54.00												
55.00		38,227				1,136,536		54,359	69,823,184			
56.00								2,748,130	22,918,646			
57.00								217	3,446,417			
58.00	1,983	28,547	1,983	13,230	12,227	134,298	1,249	7,056,447				
58.02												
59.01												
59.02												
59.03												
60.00	4,498	4,637	4,498	493	52,938	149,908	7,985	4,396,970				
60.01												
61.00	2,179	114,321	2,179	105,739	76,153	297,944	32,534	30,554,225				
62.00												
62.01												
62.02												
62.03												
65.00												
85.00												
86.00												
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00	323		323									
97.00												
98.00					2,687							
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
99.06												
99.09												
100.00	13,840		13,840	2,634		99						
100.02												
100.03												
TOTAL	115,481	1,356,195	111,974	111,503	1,191,006	0	693,711	11,863,610	3,082,259	551,628,148	43,456	0
COST TO BE ALLOCATED	4,723,784	671,884	2,255,718	2,005,552	1,148,330	0	781,529	958,679	2,448,981	3,254,283	985,412	0
UNIT COST MULTIPLIER - SCH 8	40,905290	0,495418	20,145020	17,986530	0,964168	0,000000	1,126591	0,080608	0,794541	0,005899	22,906207	0,000000

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 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
<b>GENERAL SERVICE COST CENTERS</b>							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
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6.02							
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19.00							
19.02							
19.03							
21.00							
21.01							
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28.00							
29.00							
31.00							
31.01							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							



## TRIAL BALANCE OF EXPENSES

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Capital Related Costs - Building and Fixtures	\$ 123,834	\$ 0	\$ 123,834
2.00	Old Capital Related Costs - Movable Equipment		0	0
3.00	New Capital Related Costs - Building and Fixtures	1,299,861	(27,467)	1,272,394
4.00	New Capital Related Costs - Movable Equipment	3,211,438	0	3,211,438
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	11,986,410	0	11,986,410
6.01	Non-Patient Telephones	353,711	(228,225)	125,486
			0	0
6.02	Purchasing/Receiving	478,245	0	478,245
6.03	Patient Admitting	1,266,975	0	1,266,975
6.04	Patient Business Office	1,391,085	0	1,391,085
6.05			0	0
6.07			0	0
6.08			0	0
6.05	Other Administrative and General	8,194,199	12,225	8,206,424
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	3,457,120	0	3,457,120
9.00	Laundry and Linen Service	472,201	0	472,201
10.00	Housekeeping	1,792,367	0	1,792,367
11.00	Dietary	1,397,097	(68,793)	1,328,304
12.00	Cafeteria	693,719	74,736	768,455
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	559,169	0	559,169
15.00	Central Services and Supply	710,295	0	710,295
16.00	Pharmacy	1,516,424	0	1,516,424
17.00	Medical Records and Library	2,224,654	0	2,224,654
18.00	Social Service	747,193	0	747,193
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
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults and Pediatrics (Gen Routine)	18,684,253	0	18,684,253
26.00	Intensive Care Unit	5,838,708	0	5,838,708
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
31.00	Subprovider		0	0
31.01	Subprovider 2 Psych		0	0
32.00			0	0
33.00	Nursery	1,068,662	0	1,068,662
34.00	Skilled Nursing Facility	1,995,101	0	1,995,101
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
ST. ROSE HOSPITAL

Fiscal Period Ended:  
SEPTEMBER 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 2,177,771	\$ 0	\$ 2,177,771
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	2,527,092	0	2,527,092
40.00	Anesthesiology	645,252	0	645,252
41.00	Radiology - Diagnostic	6,302,704	0	6,302,704
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	4,695,523	0	4,695,523
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	2,520,709	0	2,520,709
50.00	Physical Therapy	1,307,824	0	1,307,824
51.00	Occupational Therapy	346,579	0	346,579
52.00	Speech Pathology	175,030	0	175,030
53.00	Electrocardiology	434,792	0	434,792
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	7,598,109	0	7,598,109
56.00	Drugs Charged to Patients	2,748,130	0	2,748,130
57.00	Renal Dialysis	791,546	0	791,546
58.00	ASC (Non-Distinct Part)	841,427	0	841,427
58.02	Infusion Service		0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic	2,104,562	0	2,104,562
60.01	Gastro-Intestinal Serviceis		0	0
61.00	Emergency	5,631,958	0	5,631,958
62.00	Observation Beds		0	0
62.01	Pros Clinic		0	0
62.02	Melanoma Center		0	0
62.03	Emergency		0	0
65.00	Observation Beds		0	0
85.00			0	0
86.00			0	0
	<b>SUBTOTAL</b>	\$ 110,311,729	\$ (237,524)	\$ 110,074,205
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop and Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office	1,266,973	(5,943)	1,261,030
99.00	Nonpaid Workers		0	0
99.01	Satellite Clinic - Airport		0	0
99.02	HIV Serviceis		0	0
99.03	Women Service Line		0	0
99.04	Community Health Education		0	0
99.05	Lifetime		0	0
99.06	Public Relations		0	0
99.09	Adult Day Health Care		0	0
100.00	Corporate Planning	285,511	0	285,511
100.02	Physician IPA		0	0
100.03	Foundation Administration	357,339	0	357,339
100.99	<b>SUBTOTAL</b>	\$ 1,909,823	\$ (5,943)	\$ 1,903,880
101	<b>TOTAL</b>	\$ 112,221,552	\$ (243,467)	\$ 111,978,085

(To Schedule 8)





Provider Name:  
ST. ROSE HOSPITAL

Page 1  
Fiscal Period Ended:  
SEPTEMBER 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
	(Pages 1 & 2)	1	2	3	4												
<b>ANCILLARY COST CENTERS</b>																	
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	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																
58.02 Infusion Service	0																
59.01	0																
59.02	0																
59.03	0																
60.00 Clinic	0																
60.01 Gastro-Intestinal Services	0																
61.00 Emergency	0																
62.00 Observation Beds	0																
62.01 Pros Clinic	0																
62.02 Melanoma Center	0																
62.03 Emergency	0																
65.00 Observation Beds	0																
85.00	0																
86.00	0																
<b>NONREIMBURSABLE COST CENTERS</b>																	
96.00 Gift, Flower, Coffee Shop and Canteen	0																
97.00 Research	0																
98.00 Physicians' Private Office	(5,943)		(5,943)														
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																
99.05 Lifetime	0																
99.06 Public Relations	0																
99.09 Adult Day Health Care	0																
100.00 Corporate Planning	0																
100.02 Physician IPA	0																
100.03 Foundation Administration	0																
101.00 TOTAL	<u>(\$243,467)</u>	<u>(27,467)</u>	<u>0</u>	<u>(214,225)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

(To Sch 10)

Provider Name:  
ST. ROSE HOSPITAL

Page 2  
Fiscal Period Ended:  
SEPTEMBER 30, 2008

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

**GENERAL SERVICE COST CENTER**

- 1.00 Old Capital Related Costs - Building and Fixtures
- 2.00 Old Capital Related Costs - Movable Equipment
- 3.00 New Capital Related Costs - Building and Fixtures
- 4.00 New Capital Related Costs - Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08

Employee Benefits

6.01 Non-Patient Telephones

0.00

6.02 Purchasing/Receiving

6.03 Patient Admitting

6.04 Patient Business Office

6.05

6.07

6.08

6.05 Other Administrative and General

7.00 Maintenance and Repairs

8.00 Operation of Plant

9.00 Laundry and Linen Service

10.00 Housekeeping

11.00 Dietary

12.00 Cafeteria

13.00 Maintenance of Personnel

14.00 Nursing Administration

15.00 Central Services and Supply

16.00 Pharmacy

17.00 Medical Records and Library

18.00 Social Service

19.00

19.02

19.03

21.00 Nursing School

21.01 Clinical Pastoral Education

22.00 Intern and Res Service - Salary and Fringes

23.00 Intern and Res - Other Program

24.00 Paramedical Ed Program

**INPATIENT ROUTINE COST CENTERS**

25.00 Adults and Pediatrics (Gen Routine)

26.00 Intensive Care Unit

27.00 Coronary Care Unit

28.00 Neonatal Intensive Care Unit

29.00 Surgical Intensive Care

31.00 Subprovider

31.01 Subprovider 2 Psych

32.00

33.00 Nursery

34.00 Skilled Nursing Facility

35.00 Distinct Part Nursing Facility

36.00 Adult Subacute Care Unit

36.01 Subacute Care Unit II

36.02 Transitional Care Unit



Provider Name		Fiscal Period		Provider Number		Adjustments	
ST. ROSE HOSPITAL		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC00002F		19	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Cost Report Title			
<b>ADJUSTMENTS TO REPORTED COSTS</b>							
1	10A	A	3.00	7	New Capital Related Costs - Building and Fixtures To adjust reported bond issuance costs to agree with the provider's records. CMS Pub. 15-1, Sections 202.1, 202.2, and 2304	\$1,299,861	(\$27,467) \$1,272,394
2	10A	A	11.00	7	Dietary	\$1,397,097	(\$68,793) \$1,328,304
	10A	A	12.00	7	Cafeteria	693,719	74,736 768,455
	10A	A	98.00	7	Physicians' Private Office To adjust dietary reclassification to agree with the provider's records. CMS Pub. 15-1, Sections 2300 and 2304	1,266,973	(5,943) 1,261,030
3	10A	A	6.01	7	Nonpatient Telephones	\$353,711	(\$228,225) \$125,486
	10A	A	6.05	7	Other Administrative and General To adjust reported patient telephones cost for proper cost determination. CMS Pub. 15-1, Sections 2106.1 and 2304	8,194,199	14,000 8,208,199 *
4	10A	A	6.05	7	Other Administrative and General To abate other revenue against related expenses. CMS Pub. 15-1, Sections 2300 and 2304	\$8,208,199	(\$1,775) \$8,206,424

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. ROSE HOSPITAL		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC00002F		19		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>								
5	9	B-1		6.01	5	213,201	(97,690)	115,511
	9	B-1		5.00	5	61,843,905	(97,690)	61,746,215
Nonpatient Telephones (Gross Salaries) Total - Gross Salaries To adjust gross salaries statistics in conjunction with audit adjustment number 4. CMS Pub. 15-1, Sections 2304 and 2306								
6	9	B-1		11.00	5	803,668	(48,548)	755,120
	9	B-1		12.00	5	473,282	52,743	526,025
	9	B-1		98.00	5	69,436	(4,195)	65,241
Dietary (Gross Salaries) Cafeteria Physicians' Private Office To reclassify gross salaries statistics in conjunction with audit adjustment number 3. CMS Pub. 15-1, Sections 2304 and 2306								
7	9	B-1		34.00	1,3,8,10	14,841	(8,363)	6,478
	9	B-1		1.00	1	198,321	(8,363)	189,958
	9	B-1		3.00	3	198,321	(8,363)	189,958
	9	B-1		8.00	8	123,844	(8,363)	115,481
	9	B-1		10.00	10	120,337	(8,363)	111,974
Skilled Nursing Facility (Square Feet) Total - Square Feet Total - Square Feet Total - Square Feet Total - Square Feet To adjust skilled nursing facility square footage to agree with the provider's records. CMS Pub. 15-1, Section 2304								

Provider Name		Fiscal Period		Provider Number		Adjustments	
ST. ROSE HOSPITAL		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC00002F		19	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT							
<u>Medi-Cal Administrative Days (October 1, 2007 through July 31, 2008)</u>							
8	4B	Not Reported			\$0	\$314.25	\$314.25
	4B	Not Reported			0	80	80
	4B	Not Reported			\$0	\$310.68	\$310.68
	4B	Not Reported			0	643	643
	4B	Not Reported			\$0	\$305.84	\$305.84
	4B	Not Reported			0	44	44
	4B	Not Reported			\$0	\$304.82	\$304.82
	4B	Not Reported			0	53	53
	4B	Not Reported			\$0	\$233.01	\$233.01
	4B	Not Reported			0	9	9
<u>Medi-Cal Administrative Days (August 1, 2008 through September 30, 2008)</u>							
9	4B	Not Reported			\$0	\$310.68	\$310.68
	4B	Not Reported			0	33	33
	4B	Not Reported			\$0	\$306.18	\$306.18
	4B	Not Reported			0	69	69
	4B	Not Reported			\$0	\$233.01	\$233.01
	4B	Not Reported			0	1	1
<u>Medi-Cal Ancillary Charges - Radiology - Diagnostic</u>							
10	6	Not Reported			\$0	\$121,361	\$121,361
	6	Not Reported			0	299,894	299,894
	6	Not Reported			0	131,985	131,985
	6	Not Reported			0	25,021	25,021
	6	Not Reported			0	36,824	36,824
	6	Not Reported			0	334,592	334,592
	6	Not Reported			0	949,677	949,677
<u>Medi-Cal Routine Service Charges</u>							
11	2	Not Reported			\$0	\$4,789,803	\$4,789,803
	2	Not Reported			0	949,677	949,677

- Continued on next page -

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. ROSE HOSPITAL		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC00002F		19		
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**

-Continued from previous page-  
12 3 Not Reported

13 1 Not Reported

Medi-Cal Coinsurance

Interim Payment

\$0 \$14,964 \$14,964

\$0 \$604,469 \$604,469

To adjust Medi-Cal Settlement Data to agree with the following  
SURS Paid Claims Summary:

- Report Date: October 21, 2009
- Payment Period: October 1, 2007 through September 30, 2009
- Service Period: October 1, 2007 through September 30, 2008
- CMS Pub. 15-1, Sections 2304 and 2408.3
- CCR, Title 22, Section 51511

Provider Name		Fiscal Period		Provider Number		Adjustments	
ST. ROSE HOSPITAL		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC00002F		19	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT							
14	Contract 4	D-1	I	XIX	9.00	1	8,313
	Contract 4A	D-1	II	XIX	42.00	4	1,514
	Contract 4A	D-1	II	XIX	43.00	4	907
							(1,331)
							155
							(6)
15	Contract 6	D-4		XIX	37.00	2	\$3,816,293
	Contract 6	D-4		XIX	39.00	2	3,072,709
	Contract 6	D-4		XIX	40.00	2	164,204
	Contract 6	D-4		XIX	41.00	2	7,658,089
	Contract 6	D-4		XIX	44.00	2	4,222,583
	Contract 6	D-4		XIX	46.00	2	397,067
	Contract 6	D-4		XIX	49.00	2	3,113,942
	Contract 6	D-4		XIX	50.00	2	662,734
	Contract 6	D-4		XIX	51.00	2	361,308
	Contract 6	D-4		XIX	52.00	2	243,269
	Contract 6	D-4		XIX	53.00	2	1,036,623
	Contract 6	D-4		XIX	55.00	2	9,774,878
	Contract 6	D-4		XIX	56.00	2	4,343,852
	Contract 6	D-4		XIX	57.00	2	713,930
	Contract 6	D-4		XIX	58.00	2	615,814
	Contract 6	D-4		XIX	60.00	2	118,039
	Contract 6	D-4		XIX	61.00	2	1,614,631
	Contract 6	D-4		XIX	101.00	2	41,929,965
							\$30,275
							(1,002,380)
							96,913
							(2,035,548)
							323,793
							(397,067)
							(512,536)
							(86,772)
							(285,675)
							(44,361)
							1,401,470
							2,527,681
							389,696
							(27,325)
							(615,814)
							(118,039)
							181,621
							(174,068)
							41,755,897
16	Contract 2	E-3	III	XIX	10.00	1	\$50,162,853
	Contract 2	E-3	III	XIX	11.00	1	41,929,965
							(174,068)
							47,342,062
17	Contract 3	E-3	III	XIX	33.00	1	\$0
	Contract 3	E-3	III	XIX	36.00	1	0
							\$10,169
							297,607

-Continued on next page-



<b>Provider Name</b> ST. ROSE HOSPITAL		<b>Fiscal Period</b> OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		<b>Provider Number</b> HSC00002F		<b>Adjustments</b> 19	
Report References							
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)
			Part	Title	Line		
Explanation of Audit Adjustments							

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT**

-Continued from previous page-

To adjust Medi-Cal Settlement Data to agree with the following  
 SURS Paid Claims Summary:  
 Report Date: October 21, 2009  
 Payment Period: October 1, 2007 through September 30, 2009  
 Service Period: October 1, 2007 through September 30, 2008  
 CMS Pub. 15-1, Sections 2304 and 2408.3

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. ROSE HOSPITAL		OCTOBER 1, 2007 THROUGH SEPTEMBER 30, 2008		HSC00002F		19		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line			
18	DPNF 1	D-1	I	XIX	15.00	5	884	633
<p style="text-align: center;"><b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</b></p> <p>Medi-Cal Days - Skilled Nursing Facility      884      (251)</p> <p>To adjust the Medi-Cal Settlement Data to agree with the following                      SURS Paid Claims Summary:                      Report Date: October 21, 2009                      Payment Period: October 1, 2007 through September 30, 2009                      Service Period: October 1, 2007 through September 30, 2008                      CMS Pub. 15-1, Sections 2304 and 2408.3</p>								
19	DPNF 4	D-4		XIX	37.00	2	\$7,324	\$0
	DPNF 4	D-4		XIX	40.00	2	455	0
	DPNF 4	D-4		XIX	41.00	2	60,163	0
	DPNF 4	D-4		XIX	44.00	2	86,890	0
	DPNF 4	D-4		XIX	46.00	2	4,422	0
	DPNF 4	D-4		XIX	50.00	2	212,123	0
	DPNF 4	D-4		XIX	51.00	2	78,477	0
	DPNF 4	D-4		XIX	52.00	2	7,860	0
	DPNF 4	D-4		XIX	53.00	2	3,850	0
	DPNF 4	D-4		XIX	101.00	2	1,275,517	813,953
<p>To adjust the Medi-Cal nonallowable ancillary charges from the skilled nursing facility rate.                      Title 22, CCR, Section 51511</p>								