

**REPORT  
ON THE  
COST REPORT REVIEW**

**PROVIDENCE HOLY CROSS MEDICAL CENTER  
MISSION HILLS, CALIFORNIA  
PROVIDER NUMBERS: HSC/ZZT 30278G AND LTC 70041G  
NPI NUMBERS: 1477587632, 1750309837 AND 1902824758**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2008**

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

**Section Chief: Daniel J. Giardinelli  
Audit Supervisor: Debra K. Blake  
Auditor: Marilyn P. Clark**



DAVID MAXWELL-JOLLY  
*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

April 28, 2010

Administrator  
Providence Holy Cross Medical Center  
15031 Rinaldi Street  
Mission Hills, California 91345

PROVIDER: PROVIDENCE HOLY CROSS MEDICAL CENTER  
PROVIDER NOS. HSC 30278G / NPI 1477587632  
FISCAL PERIOD ENDED DECEMBER 31, 2008

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, 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 \$1,521 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi Cal Contract Cost (CONTRACT Schedules)
4. Computation of Subacute Per Diem (ADULT SUBACUTE Schedules)
5. Audit Adjustments Schedule

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

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

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

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

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

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

**United States Postal Service (USPS)**

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

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

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

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

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

**Original Signed By**

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

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider No. ZZT 30278G</b>		
Reported	\$ 0	
Net Change	\$ (1,521)	
Audited Amount Due Provider (State)	\$ (1,521)	
<b>2. ACUTE REHABILITATION (SCHEDULE 1-1)</b> <b>Provider No. HSC 30278G</b>		
Reported	\$ 1	
Net Change	\$ (1)	
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. HSC 30278G</b>		
Reported		\$ 24,244,825
Net Change		\$ 1,773,457
Audited Cost		\$ 26,018,282
Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF 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>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. LTC 70041G</b>		
Reported		\$ 991.82
Net Change		\$ (276.64)
Audited Cost Per Day		\$ 715.18
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ (1,521)	
<b>9. Total Medi-Cal Cost</b>		\$ 26,018,282

**SUMMARY OF FINDINGS**

**Provider Name:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

		SETTLEMENT	COST
<b>10.</b>	<b>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.</b>	<b>Rural Health Clinic (RHC SCH 1)</b>		
	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12.</b>	<b>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.</b>	<b>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.</b>	<b>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.</b>	<b>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.</b>	<b>Total Other Settlement Due Provider (State) - (Lines 10 through 15)</b>	\$ 0	
<b>17.</b>	<b>Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>	\$ (1,521)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT 30278G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ _____ 0	\$ _____ 15,283
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ _____ 0	\$ _____ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ _____ 0	\$ _____ 0
4.	\$ _____ 0	\$ _____ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ _____ 0	\$ _____ 15,283
6. Interim Payments (Adj 17)	\$ _____ 0	\$ _____ (16,804)
7. Balance Due Provider (State)	\$ _____ 0	\$ _____ (1,521)
8. Duplicate Payments (Adj )	\$ _____ 0	\$ _____ 0
9.	\$ _____ 0	\$ _____ 0
10.	\$ _____ 0	\$ _____ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ (1,521)
		(To Summary of Findings)

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No.  
ZZT 30278G

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 15,338

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 15) \$ 0 \$ 117,9773. Inpatient Ancillary Service Charges (Adj 15) \$ 0 \$ 31,5484. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 149,5255. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 0 \$ 134,1876. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0  
(To Schedule 1)

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

COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No.  
ZZT 30278G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 3,843
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 11,495
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	\$ 15,338
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0	\$ 0
8. SUBTOTAL	\$ 0	\$ 15,338
		(To Schedule 2)
9. Coinsurance (Adj )	\$ 0	\$ 0
10. Patient and Third Party Liability (Adj 16)	\$ 0	\$ (55)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 15,283
		(To Schedule 1)



COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No.  
ZZT 30278G

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adjs 9, 10)	57,885	62,164
2. Inpatient Days (include private, exclude swing-bed)	57,885	62,164
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 9, 10 )	57,885	62,164
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)	\$ 49,981,804	\$ 49,499,592
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)	\$ 49,981,804	\$ 49,499,592

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adjs 11, 12)	\$ 214,475,745	\$ 216,303,266
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adjs 11, 12)	\$ 214,475,745	\$ 216,303,266
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.233042	\$ 0.228843
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)	\$ 3,705.20	\$ 3,479.56
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)	\$ 49,981,804	\$ 49,499,592

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 863.47	\$ 796.27
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 11,495
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 11,495

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No.  
ZZT 30278G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 588,526	\$ 569,335
2. Total Inpatient Days (Adj )	5,722	5,722
3. Average Per Diem Cost	\$ 102.85	\$ 99.50
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)	\$ 17,314,023	\$ 16,023,356
7. Total Inpatient Days (Adj 10)	8,098	8,096
8. Average Per Diem Cost	\$ 2,138.06	\$ 1,979.17
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 1,639,089	\$ 1,472,058
17. Total Inpatient Days (Adj )	1,172	1,172
18. Average Per Diem Cost	\$ 1,398.54	\$ 1,256.02
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
26. Per Diem Rate (February 1, 2008 through October 31, 2008) (Adj 13)	\$ 0.00	\$ 310.68
27. Medi-Cal Inpatient Days (Adj 13)	0	37
28. Cost Applicable to Medi-Cal	\$ 0	\$ 11,495
<b>ADMINISTRATIVE DAYS</b>		
29. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj )	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 11,495

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No.  
ZZT 30278G

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
ZZT 30278G

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
37.00	Operating Room	\$ 15,429,436	\$ 171,083,227	0.090187	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	5,999,307	33,554,431	0.178793	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	10,086,185	99,099,824	0.101778	775	79
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	10,324,171	175,748,722	0.058744	6,258	368
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	3,881,486	21,066,644	0.184248	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	6,933,300	113,359,657	0.061162	0	0
50.00	Physical Therapy	3,280,695	23,887,065	0.137342	7,457	1,024
51.00	Occupational Therapy	1,173,195	8,666,282	0.135375	434	59
52.00	Speech Pathology	587,006	3,603,994	0.162877	0	0
53.00	Electrocardiology	4,417,741	58,992,881	0.074886	0	0
54.00	Electroencephalography	29,321	577,584	0.050765	0	0
55.00	Medical Supplies Charged to Patients	24,406,749	63,380,084	0.385085	0	0
56.00	Drugs Charged to Patients	13,717,156	98,589,826	0.139134	16,624	2,313
57.00	Renal Dialysis	0	0	0.000000	0	0
58.01	CAT Scan	3,582,268	138,304,882	0.025901	0	0
58.02	Ultrasound	960,163	21,166,164	0.045363	0	0
58.03	Pulmonary Function	524,915	17,940,180	0.029259	0	0
58.04	Gastro Intestinal Services	1,503,121	10,316,479	0.145701	0	0
58.05	Dialysis	1,483,497	5,277,344	0.281107	0	0
60.00	Clinic	343,178	589,116	0.582531	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	13,608,323	90,517,805	0.150339	0	0
62.00	Observation Beds	0	380,637	0.000000	0	0
71.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
<b>TOTAL</b>		<b>\$ 122,271,214</b>	<b>\$ 1,156,102,828</b>		<b>\$ 31,548</b>	<b>\$ 3,843</b>

(To Schedule 3)

\* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
ZZT 30278G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 14)	AUDITED
37.00	Operating Room	\$ 0	\$ 0	\$ 0
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	0	0	0
40.00	Anesthesiology	0	0	0
41.00	Radiology - Diagnostic	0	775	775
41.01		0	0	0
41.02		0	0	0
42.00	Radiology - Therapeutic	0	0	0
43.00	Radioisotope	0	0	0
44.00	Laboratory	0	6,258	6,258
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	0	0	0
47.00	Blood Storing and Processing	0	0	0
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	0	0	0
50.00	Physical Therapy	0	7,457	7,457
51.00	Occupational Therapy	0	434	434
52.00	Speech Pathology	0	0	0
53.00	Electrocardiology	0	0	0
54.00	Electroencephalography	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0
56.00	Drugs Charged to Patients	0	16,624	16,624
57.00	Renal Dialysis	0	0	0
58.01	CAT Scan	0	0	0
58.02	Ultrasound	0	0	0
58.03	Pulmonary Function	0	0	0
58.04	Gastro Intestinal Services	0	0	0
58.05	Dialysis	0	0	0
60.00	Clinic	0	0	0
60.01	Other Clinic Services	0	0	0
61.00	Emergency	0	0	0
62.00	Observation Beds	0	0	0
71.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 31,548	\$ 31,548

(To Schedule 5)

COMPUTATION OF PROFESSIONAL  
COMPONENT OF HOSPITAL BASED  
PHYSICIAN'S REMUNERATION

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
ZZT 30278G

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

(To Schedule 3)

COMPUTATION OF  
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC 30278G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-1)	\$ 140,684	\$ 0
2. Excess Reasonable Cost Over Charges (Schedule 2-1)	\$ (140,683)	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	\$ 0
4.	\$ 0	\$ 0
5. TOTAL COST - Reimbursable to Provider (Lines 1 through 4)	\$ 1	\$ 0
6. Interim Payments (Adj )	\$ 0	\$ 0
7. Balance Due Provider (State)	\$ 1	\$ 0
8. Duplicate Payments (Adj )	\$ 0	\$ 0
9.	\$ 0	\$ 0
10.	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 1	\$ 0
	(To Summary of Findings)	

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No:  
HSC 30278G

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3-1) \$ 140,684 \$ 0

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 18) \$ 1 \$ 03. Inpatient Ancillary Service Charges (Adj ) \$ 0 \$ 04. Total Charges - Medi-Cal Inpatient Services \$ 1 \$ 05. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 0 \$ 06. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 140,683 \$ 0  
(To Schedule 1-1)

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



COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No:  
HSC 30278G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5-1)	\$ 0	\$ 0
2. Medi-Cal Inpatient Routine Services (Schedule 4-1)	\$ 140,684	\$ 0
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)	\$ 140,684	\$ 0
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-1)	\$ 0	\$ 0
8. SUBTOTAL	\$ 140,684	\$ 0
	(To Schedule 2-1)	
9. Coinsurance (Adj )	\$ 0	\$ 0
10. Patient and Third Party Liability (Adj )	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 140,684	\$ 0
	(To Schedule 1-1)	

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No:  
HSC 30278G

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 9)	3,721	0
2. Inpatient Days (include private, exclude swing-bed)	3,721	0
3. Private Room Days (exclude swing-bed private room) (Adj 9)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	3,721	0
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 18)	148	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, Part I, Line 31, Col 27)	\$ 3,537,066	\$ 0
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)	\$ 3,537,066	\$ 0

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 12)	\$ 11,769,571	\$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 12)	\$ 11,769,571	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.300526	\$ 0.000000
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)	\$ 3,163.01	\$ 0.00
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)	\$ 3,537,066	\$ 0

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 950.57	\$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 140,684	\$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-1)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-1)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40&41)	\$ 140,684	\$ 0

(To Schedule 3-1)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No:  
HSC 30278G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 588,526	\$ 569,335
2. Total Inpatient Days (Adj )	5,722	5,722
3. Average Per Diem Cost	\$ 102.85	\$ 99.50
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)	\$ 17,314,023	\$ 16,023,356
7. Total Inpatient Days (Sch 4A)	8,098	8,096
8. Average Per Diem Cost	\$ 2,138.06	\$ 1,979.17
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 1,639,089	\$ 1,472,058
17. Total Inpatient Days (Adj )	1,172	1,172
18. Average Per Diem Cost	\$ 1,398.54	\$ 1,256.02
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
26. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj )	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
29. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj )	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 0

(To Schedule 4-1)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2008Provider No:  
HSC 30278G

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 4-1)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC 30278G

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-1)	MEDI-CAL COST
37.00	Operating Room	\$ 15,429,436	\$ 171,083,227	0.090187	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	5,999,307	33,554,431	0.178793	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	10,086,185	99,099,824	0.101778	0	0
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	10,324,171	175,748,722	0.058744	0	0
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	3,881,486	21,066,644	0.184248	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	6,933,300	113,359,657	0.061162	0	0
50.00	Physical Therapy	3,280,695	23,887,065	0.137342	0	0
51.00	Occupational Therapy	1,173,195	8,666,282	0.135375	0	0
52.00	Speech Pathology	587,006	3,603,994	0.162877	0	0
53.00	Electrocardiology	4,417,741	58,992,881	0.074886	0	0
54.00	Electroencephalography	29,321	577,584	0.050765	0	0
55.00	Medical Supplies Charged to Patients	24,406,749	63,380,084	0.385085	0	0
56.00	Drugs Charged to Patients	13,717,156	98,589,826	0.139134	0	0
57.00	Renal Dialysis	0	0	0.000000	0	0
58.01	CAT Scan	3,582,268	138,304,882	0.025901	0	0
58.02	Ultrasound	960,163	21,166,164	0.045363	0	0
58.03	Pulmonary Function	524,915	17,940,180	0.029259	0	0
58.04	Gastro Intestinal Services	1,503,121	10,316,479	0.145701	0	0
58.05	Dialysis	1,483,497	5,277,344	0.281107	0	0
60.00	Clinic	343,178	589,116	0.582531	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	13,608,323	90,517,805	0.150339	0	0
62.00	Observation Beds	0	380,637	0.000000	0	0
71.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 122,271,214	\$ 1,156,102,828		\$ 0	\$ 0

(To Schedule 3-1)

\* From Schedule 8, Column 27

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC 30278G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	AUDITED
37.00	Operating Room	\$ 0	\$	\$ 0
38.00	Recovery Room	0		0
39.00	Delivery Room and Labor Room	0		0
40.00	Anesthesiology	0		0
41.00	Radiology - Diagnostic	0		0
41.01				0
41.02				0
42.00	Radiology - Therapeutic	0		0
43.00	Radioisotope	0		0
44.00	Laboratory	0		0
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	0		0
50.00	Physical Therapy	0		0
51.00	Occupational Therapy	0		0
52.00	Speech Pathology	0		0
53.00	Electrocardiology	0		0
54.00	Electroencephalography	0		0
55.00	Medical Supplies Charged to Patients	0		0
56.00	Drugs Charged to Patients	0		0
57.00	Renal Dialysis	0		0
58.01	CAT Scan	0		0
58.02	Ultrasound	0		0
58.03	Pulmonary Function	0		0
58.04	Gastro Intestinal Services	0		0
58.05	Dialysis	0		0
60.00	Clinic	0		0
60.01	Other Clinic Services	0		0
61.00	Emergency	0		0
62.00	Observation Beds	0		0
71.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
				0
				0
				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

(To Schedule 5-1)

COMPUTATION OF PROFESSIONAL  
COMPONENT OF HOSPITAL BASED  
PHYSICIAN'S REMUNERATION

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC 30278G

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

(To Schedule 3-1)

## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC 30278G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 24,244,825	\$ 26,018,282
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	\$ 0
4.	\$ 0	\$ 0
5. Subtotal (Sum of Lines 1 through 4)	\$ 24,244,825	\$ 26,018,282
6.	\$ 0	\$ 0
7.	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 24,244,825	\$ 26,018,282
	(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:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

**Provider No:**  
**HSC 30278G**

<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>24,244,825</u>	\$ <u>26,552,340</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adj 21)	\$ <u>47,454,383</u>	\$ <u>55,975,992</u>
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3. Inpatient Ancillary Service Charges (Adj 21)	\$ <u>117,476,130</u>	\$ <u>122,751,286</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>164,930,513</u>	\$ <u>178,727,278</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>140,685,688</u>	\$ <u>152,174,938</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
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(To Contract Sch 1)

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

**COMPUTATION OF  
MEDI-CAL NET COST OF COVERED SERVICES**

**Provider Name:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

**Provider No:**  
**HSC 30278G**

	<b>REPORTED</b>	<b>AUDITED</b>
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>12,176,877</u>	\$ <u>14,334,656</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>12,067,948</u>	\$ <u>12,217,684</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>24,244,825</u>	\$ <u>26,552,340</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>24,244,825</u>	\$ <u>26,552,340</u>
	(To Contract Sch 2)	
9. Coinsurance (Adj 22)	\$ <u>0</u>	\$ <u>(494,260)</u>
10. Patient and Third Party Liability (Adj 22)	\$ <u>0</u>	\$ <u>(39,798)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>24,244,825</u>	\$ <u>26,018,282</u>
	(To Contract Sch 1)	

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

**Provider Name:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

**Provider No:**  
**HSC 30278G**

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

	<b>REPORTED</b>	<b>AUDITED</b>
<b>INPATIENT DAYS</b>		
1. Total Inpatient Days (include private & swing-bed) (Adjs 9, 10)	57,885	62,164
2. Inpatient Days (include private, exclude swing-bed)	57,885	62,164
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 9, 10 )	57,885	62,164
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 19)	9,872	9,727

**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)	\$ 49,981,804	\$ 49,499,592
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)	\$ 49,981,804	\$ 49,499,592

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj 11, 12)	\$ 214,475,745	\$ 216,303,266
29. Private Room Charges (excluding swing-bed charges)(Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj 11, 12)	\$ 214,475,745	\$ 216,303,266
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.233042	\$ 0.228843
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)	\$ 3,705.20	\$ 3,479.56
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)	\$ 49,981,804	\$ 49,499,592

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 863.47	\$ 796.27
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 8,524,176	\$ 7,745,318
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 3,543,772	\$ 4,472,366
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 12,067,948	\$ 12,217,684

(To Contract Sch 3)

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

**Provider Name:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

**Provider No:**  
**HSC 30278G**

<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)	\$ 588,526	\$ 569,335
2. Total Inpatient Days (Adj )	5,722	5,722
3. Average Per Diem Cost	\$ 102.85	\$ 99.50
4. Medi-Cal Inpatient Days (Adj 19)	2,911	2,812
5. Cost Applicable to Medi-Cal	\$ 299,396	\$ 279,794
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 17,314,023	\$ 16,023,356
7. Total Inpatient Days (Adj 10)	8,098	8,096
8. Average Per Diem Cost	\$ 2,138.06	\$ 1,979.17
9. Medi-Cal Inpatient Days (Adj 19)	1,106	1,749
10. Cost Applicable to Medi-Cal	\$ 2,364,694	\$ 3,461,568
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 1,639,089	\$ 1,472,058
17. Total Inpatient Days (Adj )	1,172	1,172
18. Average Per Diem Cost	\$ 1,398.54	\$ 1,256.02
19. Medi-Cal Inpatient Days (Adj 19)	629	582
20. Cost Applicable to Medi-Cal	\$ 879,682	\$ 731,004
<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)	\$ 3,543,772	\$ 4,472,366
	(To Contract Sch 4)	

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

**Provider Name:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

**Provider No:**  
**HSC 30278G**

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
 PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
 DECEMBER 31, 2008

Provider No:  
 HSC 30278G

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
37.00	Operating Room	\$ 15,429,436	\$ 171,083,227	0.090187	\$ 17,214,264	\$ 1,552,498
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	5,999,307	33,554,431	0.178793	13,552,341	2,423,068
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	10,086,185	99,099,824	0.101778	5,401,201	549,724
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	10,324,171	175,748,722	0.058744	28,021,570	1,646,097
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	3,881,486	21,066,644	0.184248	1,071,702	197,459
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	6,933,300	113,359,657	0.061162	9,523,047	582,448
50.00	Physical Therapy	3,280,695	23,887,065	0.137342	1,587,172	217,985
51.00	Occupational Therapy	1,173,195	8,666,282	0.135375	495,979	67,143
52.00	Speech Pathology	587,006	3,603,994	0.162877	361,039	58,805
53.00	Electrocardiology	4,417,741	58,992,881	0.074886	6,384,961	478,144
54.00	Electroencephalography	29,321	577,584	0.050765	135,816	6,895
55.00	Medical Supplies Charged to Patients	24,406,749	63,380,084	0.385085	8,627,784	3,322,434
56.00	Drugs Charged to Patients	13,717,156	98,589,826	0.139134	15,311,374	2,130,326
57.00	Renal Dialysis	0	0	0.000000	0	0
58.01	CAT Scan	3,582,268	138,304,882	0.025901	7,845,239	203,201
58.02	Ultrasound	960,163	21,166,164	0.045363	1,159,137	52,582
58.03	Pulmonary Function	524,915	17,940,180	0.029259	1,048,521	30,679
58.04	Gastro Intestinal Services	1,503,121	10,316,479	0.145701	380,437	55,430
58.05	Dialysis	1,483,497	5,277,344	0.281107	487,236	136,965
60.00	Clinic	343,178	589,116	0.582531	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	13,608,323	90,517,805	0.150339	4,142,466	622,773
62.00	Observation Beds	0	380,637	0.000000	0	0
71.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 122,271,214	\$ 1,156,102,828		\$ 122,751,286	\$ 14,334,656

(To Contract Sch 3)

\* From Schedule 8, Column 27

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
HSC 30278G

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 20)	AUDITED
37.00	Operating Room	\$ 16,090,024	\$ 1,124,240	\$ 17,214,264
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	16,329,479	(2,777,138)	13,552,341
40.00	Anesthesiology	0	0	0
41.00	Radiology - Diagnostic	5,535,444	(134,243)	5,401,201
41.01		0	0	0
41.02		0	0	0
42.00	Radiology - Therapeutic	0	0	0
43.00	Radioisotope	0	0	0
44.00	Laboratory	22,161,050	5,860,520	28,021,570
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	0	0	0
47.00	Blood Storing and Processing	3,228,239	(2,156,537)	1,071,702
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	14,656,672	(5,133,625)	9,523,047
50.00	Physical Therapy	1,580,903	6,269	1,587,172
51.00	Occupational Therapy	530,205	(34,226)	495,979
52.00	Speech Pathology	290,790	70,249	361,039
53.00	Electrocardiology	5,306,519	1,078,442	6,384,961
54.00	Electroencephalography	73,719	62,097	135,816
55.00	Medical Supplies Charged to Patients	1,118,475	7,509,309	8,627,784
56.00	Drugs Charged to Patients	13,969,288	1,342,086	15,311,374
57.00	Renal Dialysis	0	0	0
58.01	CAT Scan	6,581,879	1,263,360	7,845,239
58.02	Ultrasound	2,187,572	(1,028,435)	1,159,137
58.03	Pulmonary Function	2,485,781	(1,437,260)	1,048,521
58.04	Gastro Intestinal Services	614,016	(233,579)	380,437
58.05	Dialysis	600,878	(113,642)	487,236
60.00	Clinic	80,930	(80,930)	0
60.01	Other Clinic Services	0	0	0
61.00	Emergency	4,054,267	88,199	4,142,466
62.00	Observation Beds	0	0	0
71.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 117,476,130	\$ 5,275,156	\$ 122,751,286

(To Contract Sch 5)





COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
LTC 70041G

	REPORTED	AUDITED	DIFFERENCE
<b>COMPUTATION OF SUBACUTE PER DIEM</b>			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 1,700,689	\$ 1,478,243	\$ (222,446)
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 14,879,489	\$ 10,477,361	\$ (4,402,128)
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 16,580,178	\$ 11,955,604	\$ (4,624,574)
4. Total Adult Subacute Patient Days (Adj)	16,717	16,717	0
5. Average Adult Subacute Per Diem Cost (L3 / L4)	\$ 991.82	\$ 715.18	\$ (276.64)

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 27)	0	48	48
10. Total Licensed Nursing Facility Beds (Adj)	48	48	0
11. Total Licensed Capacity (All levels of care)(Adj)	254	254	0
12. Total Medi-Cal Adult Subacute Patient Days (Adj 24)	14,839	14,772	(67)

CAPITAL RELATED COST

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 876,583	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 876,583	N/A

TOTAL SALARY & BENEFITS

16. Direct Salary & Benefits Expenses	N/A	\$ 4,872,711	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 1,634,478	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 6,507,189	N/A

AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	AUDITED COSTS (Adj 23)	AUDITED TOTAL DAYS (Adj 25)	AUDITED MEDI-CAL DAYS (Adj 24)
19. Ventilator (Equipment Cost Only)	\$ 25,384	7,539	6,662
20. Nonventilator	N/A	9,178	N/A
21. TOTAL	N/A	16,717	N/A

## SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
LTC 70041G

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 6,064,935	\$ 6,064,935	\$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures	0	0	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	205,270	203,252	(2,018)
4.00	New Cap Rel Costs-Movable Equipment	360,943	427,668	66,725
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	954,184	32,756	(921,428)
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	1,634,571	1,801,464	166,893
7.00	Maintenance and Repairs	221,687	216,300	(5,387)
8.00	Operation of Plant	288,108	296,231	8,123
9.00	Laundry and Linen Service	79,155	82,152	2,997
10.00	Housekeeping	185,810	171,837	(13,973)
11.00	Dietary	488,247	472,580	(15,667)
12.00	Cafeteria	112,245	100,777	(11,468)
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	427,262	381,183	(46,079)
15.00	Central Services & Supply	10,241	8,016	(2,225)
16.00	Pharmacy	3,618,384	0	(3,618,384)
17.00	Medical Records and Library	188,713	181,770	(6,943)
18.00	Social Service	39,734	36,440	(3,294)
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 14,879,489	\$ 10,477,361	\$ (4,402,128)

(To Adult Subacute Sch 1)

\* From Schedule 8, Part I, Line 36.00

SCHEDULE OF TOTAL OTHER ALLOWABLE ADULT SUBACUTE ANCILLARY COSTS\*\*

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

Provider No:  
LTC 70041G

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (From Contract Schedule 5)	RATIO COST TO CHARGES	TOTAL SUBACUTE ANCILLARY CHARGES ** (Adult SA Sch 4)	SUBACUTE ANCILLARY COSTS***
37.00	Operating Room	\$ 15,429,436	\$ 171,083,227	0.090187	\$ 0	\$ 0
41.00	Radiology - Diagnostic	10,086,185	99,099,824	0.101778	188,333	19,168
44.00	Laboratory	10,324,171	175,748,722	0.058744	3,264,224	191,753
47.00	Blood Storing and Processing	3,881,486	21,066,644	0.184248	0	0
49.00	Respiratory Therapy	6,933,300	113,359,657	0.061162	19,069,008	1,166,298
50.00	Physical Therapy	3,280,695	23,887,065	0.137342	396,238	54,420
51.00	Occupational Therapy	1,173,195	8,666,282	0.135375	109,077	14,766
52.00	Speech Pathology	587,006	3,603,994	0.162877	158,470	25,811
53.00	Electrocardiology	4,417,741	58,992,881	0.074886	0	0
55.00	Med Supply Charged to Patients	24,406,749	63,380,084	0.385085	15,650	6,027
56.00	Drugs Charged to Patients	13,717,156	98,589,826	0.139134	0	0
58.01	CAT Scan	3,582,268	138,304,882	0.025901	0	0
58.02	Ultrasound	960,163	21,166,164	0.045363	0	0
58.03	Pulmonary Function	524,915	17,940,180	0.029259	0	0
58.04	Gastro Intestinal Services	1,503,121	10,316,479	0.145701	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	\$ 100,807,588	\$ 1,025,205,911		\$ 23,201,000	\$ 1,478,243

(To Adult Subacute Sch

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

**ADJUSTMENTS TO OTHER ALLOWABLE  
ADULT SUBACUTE ANCILLARY CHARGES**

**Provider Name:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

**Provider No:**  
**LTC 70041G**

<b>ANCILLARY CHARGES</b>		<b>REPORTED</b>	<b>ADJUSTMENTS (Adj 26)</b>	<b>AUDITED</b>
37.00	Operating Room	\$ 301,080	\$ (301,080)	\$ 0
41.00	Radiology - Diagnostic	188,333	0	188,333
44.00	Laboratory	3,264,224	0	3,264,224
47.00	Blood Storing and Processing	134,558	(134,558)	0
49.00	Respiratory Therapy	19,069,008	0	19,069,008
50.00	Physical Therapy	396,238	0	396,238
51.00	Occupational Therapy	109,077	0	109,077
52.00	Speech Pathology	158,470	0	158,470
53.00	Electrocardiology	62,407	(62,407)	0
55.00	Med Supply Charged to Patients	15,650	0	15,650
56.00	Drugs Charged to Patients	26,790	(26,790)	0
58.01	CAT Scan	113,367	(113,367)	0
58.02	Ultrasound	47,261	(47,261)	0
58.03	Pulmonary Function	49,618	(49,618)	0
58.04	Gastro Intestinal Services	47,162	(47,162)	0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
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				0
				0
				0
				0
				0
				0
				0
				0
101.00	<b>TOTAL ANCILLARY CHARGES</b>	<b>\$ 23,983,243</b>	<b>\$ (782,243)</b>	<b>\$ 23,201,000</b>

(To Adult Subacute Sch 3)

**ALLOCATION OF INDIRECT EXPENSES  
ADULT SUBACUTE**

**Provider Name:**  
**PROVIDENCE HOLY CROSS MEDICAL CENTER**

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

**Provider No:**  
**LTC 70041G**

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	203,252	N/A
4.00	New Cap Rel Costs-Movable Equipment	427,668	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	4,970	27,786
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	73,119	622,735
7.00	Maintenance and Repairs	39,565	98,884
8.00	Operation of Plant	16,297	46,989
9.00	Laundry and Linen Service	4,358	9,688
10.00	Housekeeping	3,833	105,900
11.00	Dietary	62,641	220,116
12.00	Cafeteria	12,393	81,954
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	7,808	300,503
15.00	Central Services & Supply	117	9,971
16.00	Pharmacy	0	0
17.00	Medical Records and Library	19,647	86,005
18.00	Social Service	917	23,947
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 876,583	\$ 1,634,478

(To Adult Subacute Sch 1)









STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENT

Fiscal Period Ended:  
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	49,214	0	0	0	0	0	0	0	0	10,352,554	2,771,710
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	20,601	0	0	0	0	0	0	0	0	4,148,683	1,110,735
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	24,055	0	0	0	0	0	0	0	0	6,372,581	1,706,143
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	22,623	0	0	0	0	0	0	0	0	7,348,782	1,967,504
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	2,979,458	797,696
49.00 Respiratory Therapy	0	29,363	0	0	0	0	0	0	0	0	5,064,800	1,356,009
50.00 Physical Therapy	0	12,237	0	0	0	0	0	0	0	0	2,295,108	614,474
51.00 Occupational Therapy	0	5,253	0	0	0	0	0	0	0	0	872,268	233,534
52.00 Speech Pathology	0	2,627	0	0	0	0	0	0	0	0	441,285	118,146
53.00 Electrocardiology	0	13,423	0	0	0	0	0	0	0	0	2,947,375	789,106
54.00 Electroencephalography	0	102	0	0	0	0	0	0	0	0	21,303	5,704
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	18,899,164	5,059,910
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	7,245,870	1,939,951
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.01 CAT Scan	0	7,264	0	0	0	0	0	0	0	0	2,345,797	628,045
58.02 Ultrasound	0	2,426	0	0	0	0	0	0	0	0	638,894	171,052
58.03 Pulmonary Function	0	1,728	0	0	0	0	0	0	0	0	350,969	93,965
58.04 Gastro Intestinal Services	0	5,602	0	0	0	0	0	0	0	0	1,028,404	275,337
58.05 Dialysis	0	0	0	0	0	0	0	0	0	0	1,153,173	308,741
60.00 Clinic	0	1,509	0	0	0	0	0	0	0	0	259,541	69,487
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	49,810	0	0	0	0	0	0	0	0	9,497,385	2,542,753
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTE</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Gift Shop and Foundation	0	8,950	0	0	0	0	0	0	0	0	3,680,325	985,341
99.02 Doctor Dining Room	0	0	0	0	0	0	0	0	0	0	28,123	7,529
99.03 Doctor Lounge	0	0	0	0	0	0	0	0	0	0	31,431	8,415
99.04 Doctor and Visitor Meal	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	706,267	0	0	0	0	0	0	0	0	205,979,504	43,500,754



Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENT

Fiscal Period Ended:  
DECEMBER 31, 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	391,803	536,588	121,321	311,264	0	131,145	0	214,943	44	0	588,955	9,110
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	77,753	106,486	54,305	61,770	0	48,110	0	157,523	0	0	115,511	118,430
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	468,861	642,122	96,192	372,482	0	62,946	0	22,777	931	0	341,151	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	97,804	133,947	0	77,700	0	70,027	0	17,153	6,240	0	605,016	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	4,592	6,289	0	3,648	0	0	0	0	17,281	0	72,522	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	14,380	19,694	0	11,424	0	76,753	0	0	0	0	390,241	0
50.00 Physical Therapy	62,020	84,938	12,313	49,271	0	33,326	0	37,905	0	0	82,231	9,110
51.00 Occupational Therapy	8,233	11,275	0	6,540	0	11,510	0	0	0	0	29,834	0
52.00 Speech Pathology	3,128	4,284	0	2,485	0	5,229	0	0	41	0	12,407	0
53.00 Electrocardiology	126,235	172,883	11,119	100,286	0	25,813	0	41,841	0	0	203,083	0
54.00 Electroencephalography	0	0	0	0	0	317	0	0	9	0	1,988	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	229,489	0	218,186	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	4,191,940	339,396	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.01 CAT Scan	25,430	34,827	19,468	20,202	0	17,094	0	10,854	4,434	0	476,115	0
58.02 Ultrasound	22,594	30,944	0	17,950	0	5,660	0	0	205	0	72,865	0
58.03 Pulmonary Function	4,043	5,537	0	3,212	0	4,835	0	0	594	0	61,759	0
58.04 Gastro Intestinal Services	27,991	36,335	35,656	22,237	0	13,439	0	26,207	0	0	35,515	0
58.05 Dialysis	1,079	1,478	0	858	0	0	0	0	0	0	18,167	0
60.00 Clinic	2,506	3,433	0	1,991	0	4,023	0	169	0	0	2,028	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	192,462	263,584	160,153	152,899	0	118,899	0	286,590	0	0	311,608	81,990
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTE</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Gift Shop and Foundation	64,123	87,819	0	50,942	0	20,356	0	13,497	124	0	0	0
99.02 Doctor Dining Room	9,641	13,204	0	7,660	0	0	0	0	0	0	0	0
99.03 Doctor Lounge	10,776	14,758	0	8,561	0	0	0	0	0	0	0	0
99.04 Doctor and Visitor Meal	0	0	0	0	0	623,962	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>3,420,425</b>	<b>4,590,112</b>	<b>1,225,975</b>	<b>2,640,146</b>	<b>2,351,481</b>	<b>2,097,695</b>	<b>0</b>	<b>3,169,421</b>	<b>290,783</b>	<b>4,191,940</b>	<b>5,213,264</b>	<b>911,001</b>



Provider Name:  
 PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
 DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL	POST STEP-DOWN ADJUSTMENT (Adj 2)	TOTAL COST
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	0	0	0	15,429,436	0	15,429,436
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	5,999,307	0	5,999,307
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	10,086,185	0	10,086,185
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	10,324,171	0	10,324,171
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	3,881,486	0	3,881,486
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	6,933,300	0	6,933,300
50.00 Physical Therapy	0	0	0	0	0	0	0	0	3,280,695	0	3,280,695
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,173,195	0	1,173,195
52.00 Speech Pathology	0	0	0	0	0	0	0	0	587,006	0	587,006
53.00 Electrocardiography	0	0	0	0	0	0	0	0	4,417,741	0	4,417,741
54.00 Electroencephalography	0	0	0	0	0	0	0	0	29,321	0	29,321
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	24,406,749	0	24,406,749
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	13,717,156	0	13,717,156
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0
58.01 CAT Scan	0	0	0	0	0	0	0	0	3,582,268	0	3,582,268
58.02 Ultrasound	0	0	0	0	0	0	0	0	960,163	0	960,163
58.03 Pulmonary Function	0	0	0	0	0	0	0	0	524,915	0	524,915
58.04 Gastro Intestinal Services	0	0	0	0	0	0	0	0	1,503,121	0	1,503,121
58.05 Dialysis	0	0	0	0	0	0	0	0	1,483,497	0	1,483,497
60.00 Clinic	0	0	0	0	0	0	0	0	343,178	0	343,178
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	13,608,323	0	13,608,323
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTER:</b>											
96.00 Gift, Flower, Coffee Shop & 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	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01 Gift Shop and Foundation	0	0	0	0	0	0	0	0	4,902,528	0	4,902,528
99.02 Doctor Dining Room	0	0	0	0	0	0	0	0	66,157	0	66,157
99.03 Doctor Lounge	0	0	0	0	0	0	0	0	73,940	0	73,940
99.04 Doctor and Visitor Meal	0	0	0	0	0	0	0	0	623,962	0	623,962
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	205,979,504	0	205,979,504









STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		(Adj)
37.00	7,320,988	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	10,352,554	21,416
38.00		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	0	7.00
39.00	3,064,584									4,148,683	4,250
40.00										0	25,628
41.00	3,578,434									6,372,581	
41.01										0	
41.02										0	
42.00										0	
43.00										0	
44.00	3,365,384									7,348,782	5,346
44.01										0	
46.00										0	
47.00										0	
48.00										0	
49.00	4,368,013									2,979,458	251
50.00	1,820,378									5,064,800	786
51.00	781,368									2,295,108	3,390
52.00	390,825									872,268	450
53.00	1,996,779									441,285	171
54.00	15,177									2,947,375	6,900
55.00										21,303	
56.00										18,899,164	
57.00										7,245,870	
58.01	1,080,549									0	
58.02	360,849									2,345,797	1,390
58.03	257,074									638,894	1,235
58.04	833,375									350,969	221
58.05										1,028,404	1,530
60.00	224,474									1,153,173	59
60.01										259,541	137
61.00	7,409,646									9,497,385	10,520
62.00										0	
71.00										0	
82.00										0	
83.00										0	
84.00										0	
85.00										0	
86.00										0	
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00										0	
97.00										0	
98.00										0	
99.00										0	
99.01	1,331,410									3,680,325	3,505
99.02										28,123	527
99.03										31,431	589
99.04										0	
99.05										0	
100.00										0	
100.01										0	
100.02										0	
100.03										0	
100.04										0	
TOTAL	105,062,660	0	0	0	0	0	0	0	0	162,478,750	186,961
COST TO BE ALLOCATED	706,267	0	0	0	0	0	0	0	0	43,500,754	3,420,425
UNIT COST MULTIPLIER - SCH 8	0.006722	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.267732	18.294859



STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (FULL TIME EQUIVALENT) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE FTE'S) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTED REQ) (Adj)	MED REC (GROSS CHARGES) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT
<b>ANCILLARY COST CENTERS</b>												
37.00	21,416	164,829	21,416	10,334	3,822	3,636	0	171,083,227	1	19.00	(Adj)	
38.00												
39.00	4,250	73,779	4,250	3,791	2,801	0		33,554,431	13			
40.00												
41.00	25,628	130,688	25,628	4,960	405	77,263		99,099,824				
41.01												
41.02												
42.00												
43.00												
44.00												
44.01												
46.00												
47.00	251		251	5,518	305	517,612		175,748,722				
48.00												
49.00												
50.00	786		786	6,048	674	0		21,066,644				
51.00	3,390		3,390	2,626	0	0		113,359,657	1			
52.00	450		450	907	0	0		23,887,065				
53.00	171		171	412	0	3,412		8,666,282				
54.00	6,900		6,900	2,034	25	736		3,603,994				
55.00								58,992,881				
56.00								577,584				
57.00								63,380,084				
58.01	1,390		1,390	1,347	193	367,823		98,589,826				
58.02	1,235		1,235	446	0	16,965		138,304,882				
58.03	221		221	381	0	49,310		21,166,164				
58.04	1,530		1,530	1,059	466	0		17,940,180				
58.05	59		59	59	0	0		10,316,479				
60.00	137		137	317	3	0		5,277,344				
60.01								589,116				
61.00	10,520		10,520	9,369	5,096	0		90,517,805	9			
62.00												
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00												
97.00												
98.00												
99.00												
99.01	3,505		3,505	1,604	240	10,325						
99.02	527		527									
99.03	589		589	49,167								
99.04												
99.05												
100.00												
100.01												
100.02												
100.03												
100.04												

TOTAL	183,198	1,665,627	181,651	272,646	165,310	0	56,357	24,121,483	6,916,702	1,514,381,939	100	0
COST TO BE ALLOCATED	4,590,112	1,225,975	2,640,146	2,351,481	2,097,895	0	3,169,421	290,783	4,191,940	5,213,265	911,001	0
UNIT COST MULTIPLIER - SCH 8	25.055469	0.736044	14.534168	8.624667	12.690674	0.000000	56.238288	0.012055	0.606060	0.003443	9110.008088	0.000000

Provider Name:  
 PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
 DECEMBER 31, 2008

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 Old Cap Rel Costs-Bldg & Fixtures	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
2.00 Old Cap Rel Costs-Movable Equipment	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
3.00 New Cap Rel Costs-Bldg & Fixtures							
4.00 New Cap Rel Costs-Movable Equipment							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00 Employee Benefits							
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							
6.00 Administrative and General							
7.00 Maintenance and Repairs							
8.00 Operation of Plant							
9.00 Laundry and Linen Service							
10.00 Housekeeping							
11.00 Dietary							
12.00 Cafeteria							
13.00 Maintenance of Personnel							
14.00 Nursing Administration							
15.00 Central Services & Supply							
16.00 Pharmacy							
17.00 Medical Records and Library							
18.00 Social Service							
19.00							
19.02							
19.03							
20.00							
21.00 Nursing School							
22.00 Intern & Res Service-Salary & Fringes							
23.00 Intern & Res Other Program							
24.00 Paramedical Ed Program							
<b>INPATIENT ROUTINE COST CENTERS</b>							
25.00 Adults & 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 Neonatal Intensive Care Unit							
31.00 Subprovider							
32.00							
33.00 Nursery							
34.00 Medicare Certified Nursing Facility							
35.00 Distinct Part Nursing Facility							
36.00 Adult Subacute Care Unit							
36.01 Subacute Care Unit II							
36.02 Transitional Care Unit							



## TRIAL BALANCE OF EXPENSES

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	4,043,957	(39,758)	4,004,199
4.00	New Cap Rel Costs-Movable Equipment	7,110,816	1,314,520	8,425,336
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	20,477,387	(19,878,274)	599,113
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	34,011,649	7,638,207	41,649,856
7.00	Maintenance and Repairs	2,094,278	0	2,094,278
8.00	Operation of Plant	3,363,165	0	3,363,165
9.00	Laundry and Linen Service	884,096	0	884,096
10.00	Housekeeping	2,020,226	0	2,020,226
11.00	Dietary	1,352,272	0	1,352,272
12.00	Cafeteria	1,237,152	0	1,237,152
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	2,403,834	0	2,403,834
15.00	Central Services & Supply	217,497	0	217,497
16.00	Pharmacy	3,060,927	0	3,060,927
17.00	Medical Records and Library	3,186,945	0	3,186,945
18.00	Social Service	685,131	0	685,131
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults & Pediatrics (Gen Routine)	27,874,939	0	27,874,939
26.00	Intensive Care Unit	10,765,628	0	10,765,628
27.00	Coronary Care Unit	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0
29.00	Surgical Intensive Care	0	0	0
30.00	Neonatal Intensive Care Unit	1,062,153	0	1,062,153
31.00	Subprovider	1,702,631	0	1,702,631
32.00		0	0	0
33.00	Nursery	290,831	0	290,831
34.00	Medicare Certified Nursing Facility	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	6,064,935	0	6,064,935
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
PROVIDENCE HOLY CROSS MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 9,160,502	\$ 0	\$ 9,160,502
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	3,901,286	0	3,901,286
40.00	Anesthesiology	0	0	0
41.00	Radiology - Diagnostic	4,709,793	271,073	4,980,866
41.01		0	0	0
41.02		0	0	0
42.00	Radiology - Therapeutic	0	0	0
43.00	Radioisotope	0	0	0
44.00	Laboratory	7,040,876	0	7,040,876
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	0	0	0
47.00	Blood Storing and Processing	2,966,064	0	2,966,064
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	4,993,493	0	4,993,493
50.00	Physical Therapy	2,101,968	0	2,101,968
51.00	Occupational Therapy	843,002	0	843,002
52.00	Speech Pathology	429,533	0	429,533
53.00	Electrocardiology	2,565,742	0	2,565,742
54.00	Electroencephalography	21,201	0	21,201
55.00	Medical Supplies Charged to Patients	18,899,164	0	18,899,164
56.00	Drugs Charged to Patients	7,245,870	0	7,245,870
57.00	Renal Dialysis	0	0	0
58.01	CAT Scan	2,535,431	(271,073)	2,264,358
58.02	Ultrasound	570,564	0	570,564
58.03	Pulmonary Function	337,447	0	337,447
58.04	Gastro Intestinal Services	941,155	0	941,155
58.05	Dialysis	1,150,025	0	1,150,025
60.00	Clinic	250,721	0	250,721
60.01	Other Clinic Services	0	0	0
61.00	Emergency	8,886,188	0	8,886,188
62.00	Observation Beds	0	0	0
71.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
	<b>SUBTOTAL</b>	\$ 213,460,474	\$ (10,965,305)	\$ 202,495,169
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
97.00	Research	0	0	0
98.00	Physicians' Private Office	0	0	0
99.00	Nonpaid Workers	0	0	0
99.01	Gift Shop and Foundation	3,760,694	(276,359)	3,484,335
99.02	Doctor Dining Room	0	0	0
99.03	Doctor Lounge	0	0	0
99.04	Doctor and Visitor Meal	0	0	0
99.05		0	0	0
100.00		0	0	0
100.01		0	0	0
100.02		0	0	0
100.03		0	0	0
100.04		0	0	0
100.99	<b>SUBTOTAL</b>	\$ 3,760,694	\$ (276,359)	\$ 3,484,335
101	<b>TOTAL</b>	\$ 217,221,168	\$ (11,241,664)	\$ 205,979,504

(To Schedule 8)





	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 6A	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
<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	271,073		271,073											
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													
58.01 CAT Scan	(271,073)		(271,073)											
58.02 Ultrasound	0													
58.03 Pulmonary Function	0													
58.04 Gastro Intestinal Services	0													
58.05 Dialysis	0													
60.00 Clinic	0													
60.01 Other Clinic Services	0													
61.00 Emergency	0													
62.00 Observation Beds	0													
71.00	0													
82.00	0													
83.00	0													
84.00	0													
85.00	0													
86.00	0													
<b>NONREIMBURSABLE COST CENTERS</b>														
96.00 Gift, Flower, Coffee Shop & Canteen	0													
97.00 Research	0													
98.00 Physicians' Private Office	0													
99.00 Nonpaid Workers	0													
99.01 Gift Shop and Foundation	(276,359)				(276,359)									
99.02 Doctor Dining Room	0													
99.03 Doctor Lounge	0													
99.04 Doctor and Visitor Meal	0													
99.05	0													
100.00	0													
100.01	0													
100.02	0													
100.03	0													
100.04	0													
101.00 TOTAL	(\$11,241,664)	0	0	(112,612)	(11,158,763)	29,711	0	0	0	0	0	0	0	0

(To Sch 10)





Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line			
Explanation of Audit Adjustments								
<u>MEMORANDUM ADJUSTMENT</u>								
1								
<p>The Subacute costs and statistics reported in the cost report on Skilled Nursing Facility cost center, line 34, have been reclassified into the audit report on the Adult Subacute Care Unit cost center, line 36. This is in accordance with CMS Pub. 15-2, Section 3610.</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
2	8.3	B	I	25.00	26	\$46,167,838	\$3,331,754	\$49,499,592
	8.3	B	I	31.00	26	3,331,754	(3,331,754)	0
<p style="text-align: center;"><b>RECLASSIFICATION OF REPORTED COSTS</b></p> <p>Adults and Pediatrics Subprovider</p> <p>To reclassify Subprovider (Acute Rehabilitation) post stepdown costs to Adults and Pediatrics cost center because it did not qualify as a separate cost center.</p> <p>42 CFR 413.53(b)(c) / CMS Pub. 15-1, Section 2336.1</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED COSTS</b>								
3	10A 10A	A A	3.00 4.00	7 7	New Capital Related Costs-Building & Fixtures New Capital Related Costs-Movable Equipment To adjust the provider's reclassification of interest expenses to agree with the audited computation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$4,043,957 7,110,816	(\$5,302) 5,302	\$4,038,655 * 7,116,118 *
4	10A 10A	A A	41 58.01	7 7	Radiology - Diagnostic CAT Scan To adjust provider's reclassification of Santa Clarita Imaging administrative costs to agree with the audited computation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$4,709,793 2,535,431	\$271,073 (271,073)	\$4,980,866 2,264,358
5	10A 10A	A A	3.00 6.00	7 7	New Capital Related Costs-Building & Fixtures Administrative and General To adjust reported home office costs to agree with the Providence Health and Services Corporate Office Home Office Audit Report for fiscal period ended December 31, 2008. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	\$4,038,655 34,011,649	(\$34,456) (78,156)	\$4,004,199 33,933,493 *
6	10A 10A 10A 10A	A A A A	4.00 5.00 6.00 99.01	7 7 7 7	New Capital Related Costs-Movable Equipment Employee Benefits Administrative and General Gift Shop and Foundation To adjust reported home office costs to agree with the Providence Health and Services Southern California Home Office Audit Report for fiscal period ended December 31, 2008. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	\$7,116,118 20,477,387 33,933,493 3,760,694	\$1,309,218 (19,907,985) 7,716,363 (276,359)	\$8,425,336 569,402 * 41,649,856 3,484,335
6A	10A	A	5.00	7	Employee Benefits To adjust worker's compensation for paid claims during the audit period. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$569,402	\$29,711	\$599,113

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27		
Adj. No.	Audit Report	Report References			Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title				
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>								
7	9	B-1			Pharmacy (Costed Requisition)	59,269	(59,269)	0
	9	B-1			Medical Records and Library	76,293	(75,708)	585
	9	B-1			Social Service	7,032	(7,032)	0
	9	B-1			Adults and Pediatrics	1,668,067	(513,681)	1,154,386
	9	B-1			Intensive Care Unit	833,092	(142,611)	690,481
	9	B-1			Neonatal Intensive Care Unit	26,520	(6,133)	20,387
	9	B-1			Subprovider (Acute Rehabilitation)	60,964	(36,668)	24,296
	9	B-1			Nursery	66,251	(17,337)	48,914
	9	B-1			Adult Subacute Care Unit	778,607	(113,684)	664,923
	9	B-1			Operating Room	14,208,224	(14,204,588)	3,636
	9	B-1			Delivery Room	320,958	(320,958)	0
	9	B-1			Radiology - Diagnostic	1,535,149	(1,457,886)	77,263
	9	B-1			Laboratory	1,600,848	(1,083,236)	517,612
	9	B-1			Blood Storing, Processing and Transfusion	1,433,539	(50)	1,433,489
	9	B-1			Respiratory Therapy	411,907	(411,907)	0
	9	B-1			Physical Therapy	20,295	(20,295)	0
	9	B-1			Occupational Therapy	6,665	(6,665)	0
	9	B-1			Speech Pathology	5,302	(1,890)	3,412
	9	B-1			Electrocardiology	1,835,905	(1,835,905)	0
	9	B-1			Medical Supplies Charged to Patients	0	19,036,940	19,036,940
	9	B-1			CAT Scan	437,816	(69,993)	367,823
	9	B-1			Ultrasound	25,007	(8,042)	16,965
	9	B-1			Pulmonary Function	55,053	(5,743)	49,310
	9	B-1			Gastro Intestinal Services	457,777	(457,777)	0
	9	B-1			Clinic	4,923	(4,923)	0
	9	B-1			Emergency	1,107,438	(1,107,438)	0
	9	B-1			Gift Shop and Foundation	55,822	(45,497)	10,325
	9	B-1			Total - Costed Requisition	27,099,459	(2,977,976)	24,121,483
<p>To adjust costed requisition statistics used to allocate central services and supplies overhead cost to include only those items dispensed through the Central Services and Supplies department.                      42 CFR 413.20, 413.24 and 413.50                      CMS Pub. 15-1, Sections 2300, 2304 and 2306</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments	
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
		Cost Report					
		Line	Line	Col.			
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>							
8	9	B-1	36.00	16	Adult Subacute Care Unit (Costed Requisition)	177,135	0
	9	B-1	37.00	16	Operating Room	49,502	0
	9	B-1	56.00	16	Drugs Charged to Patients	0	6,916,702
	9	B-1	58.01	16	CAT Scan	245	0
	9	B-1	61.00	16	Emergency	2,726	0
	9	B-1	16.00	16	Total - Costed Requisition	229,608	6,916,702
To adjust costed requisition statistics used to allocate pharmacy cost to reflect pharmacy supplies cost. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304 and 2306							



Provider Name		Fiscal Period		Provider Number		Adjustments			
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
<b>ADJUSTMENTS TO REPORTED PATIENT DAYS</b>									
9	4, Contract 4	D-1	I	XIX	1.00	1	57,885	3,721	61,606 *
	4, Contract 4	D-1	I	XIX	4.00	1	57,885	3,721	61,606 *
	4-1	D-1	I	XIX	1.00	1	3,721	(3,721)	0
	4-1	D-1	I	XIX	4.00	1	3,721	(3,721)	0
Adults and Pediatrics (Inpatient Days) Adults and Pediatrics (Semi-Private Room Days) Subprovider (Inpatient Days) Subprovider (Semi-Private Room Days) To reclassify Subprovider (Acute Rehabilitation) total inpatient days to Adult and Pediatrics cost center in conjunction with adjustment 2. 42 CFR 413.20, 413.24, 413.50 and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2336									
10	4, Contract 4	D-1	I	XIX	1.00	1	61,606	558	62,164
	4, Contract 4	D-1	I	XIX	4.00	1	61,606	558	62,164
	4A, Contract 4A	D-1	II	XIX	43.00	2	8,098	(2)	8,096
Adults and Pediatrics (Inpatient Days) * Adults and Pediatrics (Semi-Private Room Days) * Intensive Care Unit (Inpatient Days) To adjust total patient days to agree with the provider's patient census reports and to include labor room days. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2205, 2205.2, 2300 and 2304 CMS Pub. 15-2, Section 3622.1									

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments			
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27			
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line				Col.
<b>ADJUSTMENTS TO REPORTED TOTAL CHARGES</b>									
11	4, Contract 4 4, Contract 4	D-1 D-1	I I	XIX XIX	28.00 30.00	1 1	\$214,475,745 214,475,745	(\$9,942,050) (9,942,050)	\$204,533,695 * 204,533,695 *
Adults and Pediatrics (General Inpatient Charges) Adults and Pediatrics (Semi-Private Room Charges) To adjust the reported Adults and Pediatrics routine charges to agree with the provider's records. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304									
12	4, Contract 4 4, Contract 4 4-1 4-1	D-1 D-1 D-1 D-1	I I I I	XIX XIX XIX XIX	28.00 30.00 28.00 30.00	1 1 1 1	\$204,533,695 204,533,695 11,769,571 11,769,571	\$11,769,571 11,769,571 (11,769,571) (11,769,571)	\$216,303,266 216,303,266 0 0
Adults and Pediatrics (General Inpatient Charges) * Adults and Pediatrics (Semi-Private Room Charges) * Subprovider (General Inpatient Charges) Subprovider (Semi-Private Room Charges) To reclassify Subprovider (Acute Rehabilitation) routine charges to Adults and Pediatrics cost center in conjunction with adjustment 2. 42 CFR 413.20, 413.24, 413.50 and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2336									

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments	
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT							
13	4A 4A	Not Reported Not Reported			0 \$0	37 \$310.68	37 \$310.68
14	6 6 6 6 6 6	Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported		Medi-Cal Administrative Days (February 1, 2008 to October 31, 2008) Medi-Cal Administrative Day Rate (February 1, 2008 to October 31, 2008) Medi-Cal Ancillary Charges - Radiology - Diagnostic Medi-Cal Ancillary Charges - Laboratory Medi-Cal Ancillary Charges - Physical Therapy Medi-Cal Ancillary Charges - Occupational Therapy Medi-Cal Ancillary Charges - Drugs Charged to Patients Medi-Cal Ancillary Charges - Total	0 \$0 0 0 0 0	\$775 6,258 7,457 434 16,624 31,548	\$775 6,258 7,457 434 16,624 31,548
15	2 2	Not Reported Not Reported		Medi-Cal Routine Service Charges Medi-Cal Ancillary Service Charges	\$0 0	\$117,977 31,548	\$117,977 31,548
16	3	Not Reported		Medi-Cal Deductibles	\$0	\$55	\$55
17	1	Not Reported		Medi-Cal Interim Payments	\$0	\$16,804	\$16,804

To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:  
 Report Date: March 23, 2010  
 Payment Period: January 1, 2008 through January 31, 2010  
 Service Period: January 1, 2008 through December 31, 2008  
 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139  
 CMS Pub. 15-1, Sections 2304, 2404 and 2408  
 CCR, Title 22, Section 51541

Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27		
Adj. No.	Audit Report	Report References			Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title				
18	4-1 2-1	D-1 E-3	I III	XIX XIX	9.00 10.00	1 1	148 \$1	0 \$0
<p><b>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - SUBPROVIDER (ACUTE REHABILITATION)</b></p> <p>Medi-Cal Days - Subprovider - Acute Rehabilitation                      Medi-Cal Routine Service Charges - Acute Rehabilitation                      To eliminate the reported Medi-Cal Subprovider (Acute Rehabilitation) data in conjunction with adjustment 2 since the unit did not meet the requirements as a separate level of care.                      42 CFR 413.20, 413.24, 413.50 and 413.53 b)(c)                      CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3 and 2306</p>								



Provider Name		Fiscal Period				Provider Number		Adjustments	
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				HSC 30278G		27	
Adj. No.	Audit Report	Report References			Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title					Line
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA - CONTRACT</b>									
22	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$39,798
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	0	494,260
<p>-Continued from previous page-</p> <p>To adjust Medi-Cal Settlement Data to agree with the following            EDS Paid Claims Summary:            Report Date: February 10, 2010            Payment Period: January 1, 2008 through January 31, 2010            Service Period: January 1, 2008 through December 31, 2008            42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139            CMS Pub. 15-1, Sections 2304, 2404 and 2408            CCR, Title 22, Section 51541</p>									

Provider Name		Fiscal Period			Provider Number		Adjustments	
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			HSC 30278G		27	
Adj. No.	Audit Report	Report References			Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - SUBACUTE								
23	Adult Subacute 1	Not Reported				\$0	\$25,384	\$25,384
Subacute Cost - Ventilator To reflect ventilator equipment expense in the audit report. 42 CFR 413.24 / CMS Pub. 15-1, Section 2304								
24	Adult Subacute 1	Not Reported				0	6,662	6,662
	Adult Subacute 1	S-3	I	XIX	15.00	5	(67)	14,772
Medi-Cal Subacute Days - Ventilator Medi-Cal Subacute Days - Total To adjust Medi-Cal Subacute care days to agree with the following EDS Paid Claims Summary: Report Date: February 10, 2010 Payment Period: January 1, 2008 through January 31, 2010 Service Period: January 1, 2008 through December 31, 2008 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3								
25	Adult Subacute 1	Not Reported				0	7,539	7,539
	Adult Subacute 1	Not Reported				0	9,178	9,178
Total Subacute Days - Ventilator Total Subacute Days - Nonventilator To reflect total ventilator and nonventilator patient days in the audit report. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304								

Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27		
Adj. No.	Audit Report	Report References			Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - SUBACUTE								
26	Adult Subacute 4	D-4	XIX	37.00	2	Total Ancillary Charges - Operating Room	\$301,080	\$0
	Adult Subacute 4	D-4	XIX	47.00	2	Total Ancillary Charges - Blood Storing, Processing and Transfusion	134,558	0
	Adult Subacute 4	D-4	XIX	53.00	2	Total Ancillary Charges - Electrocardiology	62,407	0
	Adult Subacute 4	D-4	XIX	56.00	2	Total Ancillary Charges - Drugs Charged to Patients	26,790	0
	Adult Subacute 4	D-4	XIX	58.01	2	Total Ancillary Charges - CAT Scan	113,367	0
	Adult Subacute 4	D-4	XIX	58.02	2	Total Ancillary Charges - Ultrasound	47,261	0
	Adult Subacute 4	D-4	XIX	58.03	2	Total Ancillary Charges - Pulmonary Function	49,618	0
	Adult Subacute 4	D-4	XIX	58.04	2	Total Ancillary Charges - Gastro Intestinal Services	47,162	0
	Adult Subacute 4	D-4	XIX	101.00	2	Total Ancillary Charges - Total	23,983,243	23,201,000
To eliminate ancillary charges that are not included in the Subacute care per diem rate.								
CCR, Title 22, Section 51511.5								
CMS Pub. 15-1, Section 2304								



Provider Name		Fiscal Period		Provider Number		Adjustments		
PROVIDENCE HOLY CROSS MEDICAL CENTER		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		HSC 30278G		27		
Adj. No.	Audit Report	Report References				As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line			
Explanation of Audit Adjustments								
27	Adult Subacute 1	N/A				0	48	48
<p><b>ADJUSTMENT TO OTHER MATTERS</b></p> <p>Contracted Number of Subacute Beds                      To reflect the number of contracted Subacute beds on the audit report.                      42 CFR 413.20 and 413.24                      CMS Pub. 15-1, Sections 2300 and 2304</p>								