

**REPORT
ON THE
COST REPORT REVIEW**

**MERCY MEDICAL CENTER MERCED
MERCED, CALIFORNIA
NPI NUMBER: 1518018191**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Michael Harrold
Audit Supervisor: Linda King
Auditor: Jose Juarez**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 16, 2014

Eric Cariño
Reimbursement Manager
Mercy Medical Center Merced
2740 M Street
Merced, CA 95340

MERCY MEDICAL CENTER MERCED
NATIONAL PROVIDER IDENTIFIER (NPI) 1518018191
FISCAL PERIOD ENDED JUNE 30, 2011

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

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$84,570, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Audited Allocation of Home Office Cost
5. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider,

and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

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

United States Postal Service (USPS)

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

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
(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.

Eric Cariño
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If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1518018191 Reported Net Change Audited Amount Due Provider (State)	\$ 0 \$ (84,570) \$ (84,570)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI: Reported Net Change Audited Amount Due Provider (State)	\$ 0 \$ 0 \$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI: Reported Net Change Audited Amount Due Provider (State)	\$ 0 \$ 0 \$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1518018191 Reported Net Change Audited Cost Audited Amount Due Provider (State)		\$ 10,568,632 \$ (2,542,710) \$ 8,025,922 \$ 0
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: Reported Net Change Audited Cost Per Day Audited Amount Due Provider (State)		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI: Reported Net Change Audited Cost Per Day Audited Amount Due Provider (State)		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI: Reported Net Change Audited Cost Per Day Audited Amount Due Provider (State)		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (84,570)	
9. Total Medi-Cal Cost		\$ 8,025,922

SUMMARY OF FINDINGS

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (84,570)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1518018191

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ <u>0</u>	\$ <u>24,704</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ <u>0</u>	\$ <u>N/A</u>
4.	\$	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ <u>0</u>	\$ <u>24,704</u>
6. Interim Payments (Adj 6)		\$ _____	\$ <u>(28,455)</u>
7. Balance Due Provider (State)		\$ <u>0</u>	\$ <u>(3,751)</u>
8. Overpayments (Adj 11)		\$ <u>0</u>	\$ <u>(80,819)</u>
9.	\$	\$ <u>0</u>	\$ <u>0</u>
10.	\$	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ <u><u>0</u></u>	\$ <u><u>(84,570)</u></u>

(To Summary of Findings)

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

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1518018191

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u> 0</u>	\$ <u> 24,931</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 5)	\$ <u> 0</u>	\$ <u> 156,207</u>
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3. Inpatient Ancillary Service Charges (Adj 5)	\$ <u> 0</u>	\$ <u> 55,495</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u> 0</u>	\$ <u> 211,702</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u> 0</u>	\$ <u> 186,771</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u> 0</u>	\$ <u> 0</u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
MERCY MEDICAL CENTER MERCEDFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1518018191

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 11,033
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 13,898
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	\$ 24,931
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 0	\$ 24,931 (To Schedule 2)
9. Medi-Cal Deductible (Adj)	\$ 0	\$ 0
10. Medi-Cal Coinsurance (Adj 6)	\$ 0	\$ (227)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 24,704 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MERCY MEDICAL CENTER MERCEDFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1518018191

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	47,214	47,214
2. Inpatient Days (include private, exclude swing-bed)	47,214	47,214
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	47,214	47,214
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 30, Col 27)	\$ 48,842,871	\$ 48,081,839
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)	\$ 48,842,871	\$ 48,081,839

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 55,635,493	\$ 55,635,493
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 55,635,493	\$ 55,635,493
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.877908	\$ 0.864230
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 1,178.37	\$ 1,178.37
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)	\$ 48,842,871	\$ 48,081,839

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,034.50	\$ 1,018.38
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 13,898
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 13,898

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1518018191

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 2,629,063	\$ 2,684,362
2. Total Inpatient Days (Adj)	5,231	5,231
3. Average Per Diem Cost	\$ 502.59	\$ 513.16
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 11,896,360	\$ 11,567,956
7. Total Inpatient Days (Adj)	5,375	5,375
8. Average Per Diem Cost	\$ 2,213.28	\$ 2,152.18
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, 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
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, 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
ADMINISTRATIVE DAYS		
21. Per Diem Rate (Adj 3)	\$ 0.00	\$ 409.48
32. Medi-Cal Inpatient Days (Adj 3)	0	6
33. Cost Applicable to Medi-Cal	\$ 0	\$ 2,457
ADMINISTRATIVE DAYS		
21. Per Diem Rate (Adj 3)	\$ 0.00	\$ 381.37
32. Medi-Cal Inpatient Days (Adj 3)	0	30
33. Cost Applicable to Medi-Cal	\$ 0	\$ 11,441
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 13,898

(To Schedule 4)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1518018191

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>10,568,632</u>	\$ <u>8,025,922</u>
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.		\$ <u>0</u>	\$ <u>0</u>
5.	Subtotal (Sum of Lines 1 through 4)	\$ <u>10,568,632</u>	\$ <u>8,025,922</u>
6.	\$	\$ <u>0</u>	\$ <u>0</u>
7.		\$ <u>0</u>	\$ <u>0</u>
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u><u>10,568,632</u></u>	\$ <u><u>8,025,922</u></u>
(To Summary of Findings)			
9.	Medi-Cal Overpayments (Adj)	\$ <u>0</u>	\$ <u>0</u>
10.	Medi-Cal Credit Balances (Adj)	\$ <u>0</u>	\$ <u>0</u>
11.		\$ <u>0</u>	\$ <u>0</u>
12.		\$ <u>0</u>	\$ <u>0</u>
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
(To Summary of Findings)			

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

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1518018191

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>10,568,632</u>	\$ <u>8,051,555</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9)	\$ <u>19,071,996</u>	\$ <u>14,667,416</u>
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3. Inpatient Ancillary Service Charges (Adj 9)	\$ <u>28,563,585</u>	\$ <u>23,780,351</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>47,635,581</u>	\$ <u>38,447,767</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>37,066,949</u>	\$ <u>30,396,212</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1518018191

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

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	47,214	47,214
2. Inpatient Days (include private, exclude swing-bed)	47,214	47,214
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	47,214	47,214
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 7)	3,898	3,090

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 30, Col 27)	\$ 48,842,871	\$ 48,081,839
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)	\$ 48,842,871	\$ 48,081,839

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 55,635,493	\$ 55,635,493
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 55,635,493	\$ 55,635,493
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.877908	\$ 0.864230
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 1,178.37	\$ 1,178.37
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)	\$ 48,842,871	\$ 48,081,839

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,034.50	\$ 1,018.38
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 4,032,481	\$ 3,146,794
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 1,438,959	\$ 1,175,224
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 5,471,440	\$ 4,322,018

(To Contract Sch 3)

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

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1518018191

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 2,629,063	\$ 2,684,362
2. Total Inpatient Days (Adj)	5,231	5,231
3. Average Per Diem Cost	\$ 502.59	\$ 513.16
4. Medi-Cal Inpatient Days (Adj 7)	1,586	1,573
5. Cost Applicable to Medi-Cal	\$ 797,108	\$ 807,201
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 11,896,360	\$ 11,567,956
7. Total Inpatient Days (Adj)	5,375	5,375
3. Average Per Diem Cost	\$ 2,213.28	\$ 2,152.18
4. Medi-Cal Inpatient Days (Adj 7)	290	171
5. Cost Applicable to Medi-Cal	\$ 641,851	\$ 368,023
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. 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
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. 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
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 0	\$ 0
27. 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
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 1,438,959	\$ 1,175,224

(To Contract Sch 4)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1518018191

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
50.00	Operating Room	\$ 3,363,925	\$ 2,937,389	\$ 6,301,314
50.01	Endoscopy	276,434	(139,989)	136,445
52.00	Labor Room and Delivery Room	11,496,992	(8,064,584)	3,432,408
53.00	Anesthesiology	265,474	286,656	552,130
54.00	Radiology-Diagnostic	1,464,104	(426,308)	1,037,796
55.00	Radiology-Therapeutic	4,640	(4,640)	0
56.00	Radioisotope	43,701	(25,172)	18,529
57.00	Computed Tomography (CT) Scan	1,334,211	(352,898)	981,313
58.00	Magnetic Resonance Imaging (MRI)	162,688	(48,905)	113,783
59.00	Cardiac Catheterization	55,108	118,460	173,568
60.00	Laboratory	3,125,033	(688,991)	2,436,042
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	1,010,884	(442,244)	568,640
66.00	Physical Therapy	246,172	(150,394)	95,778
67.00	Occupational Therapy	19,248	(10,137)	9,111
68.00	Speech Pathology	14,485	136,563	151,048
69.00	Electrocardiology	529,184	(457,440)	71,744
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	927,629	(147,479)	780,150
72.00	Implantable Devices Charged to Patients	158,593	(158,593)	0
73.00	Drugs Charged to Patients	2,924,890	3,312,844	6,237,734
74.00	Renal Dialysis	39,600	(19,800)	19,800
76.97	Cardiac Rehabilitation			0
76.00	Other Ancillary (specify)			0
77.00				0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency	1,100,590	(437,572)	663,018
92.00	Observation Beds			0
93.00				0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 28,563,585	\$ (4,783,234)	\$ 23,780,351

Provider Name:

Fiscal Period Ended:

MERCY MEDICAL CENTER MERCED

JUNE 30, 2011

	TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.00
ANCILLARY COST CENTERS													
50.00	Operating Room	0	1,620,625	0	0	0	0	0	0	0	0	8,848,896	1,763,874
50.01	Endoscopy	0	307,675	0	0	0	0	0	0	0	0	1,551,271	309,219
52.00	Labor Room and Delivery Room	0	1,285,276	0	0	0	0	0	0	0	0	6,342,585	1,264,284
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	59,011	11,763
54.00	Radiology-Diagnostic	0	971,278	0	0	0	0	0	0	0	0	4,846,936	966,153
55.00	Radiology-Therapeutic	0	397,914	0	0	0	0	0	0	0	0	2,184,889	435,520
56.00	Radioisotope	0	59,551	0	0	0	0	0	0	0	0	356,388	71,040
57.00	Computed Tomography (CT) Scan	0	161,676	0	0	0	0	0	0	0	0	818,980	163,250
58.00	Magnetic Resonance Imaging (MRI)	0	127,097	0	0	0	0	0	0	0	0	736,953	146,899
59.00	Cardiac Catheterization	0	59,468	0	0	0	0	0	0	0	0	291,531	58,112
60.00	Laboratory	0	1,088,210	0	0	0	0	0	0	0	0	9,757,620	1,945,012
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	54,441	0	0	0	0	0	0	0	0	365,010	72,758
65.00	Respiratory Therapy	0	689,259	0	0	0	0	0	0	0	0	3,426,092	682,932
66.00	Physical Therapy	0	501,693	0	0	0	0	0	0	0	0	2,265,967	451,681
67.00	Occupational Therapy	0	61,626	0	0	0	0	0	0	0	0	315,555	62,900
68.00	Speech Pathology	0	141	0	0	0	0	0	0	0	0	138,108	27,529
69.00	Electrocardiology	0	160,918	0	0	0	0	0	0	0	0	792,904	158,052
70.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	4,232,398	843,655
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,651,839	727,931
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	8,679,896	1,730,186
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	868,490	173,118
76.97	Cardiac Rehabilitation	0	69,763	0	0	0	0	0	0	0	0	427,197	85,154
76.00	Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
77.00		0	0	0	0	0	0	0	0	0	0	0	0
78.00		0	0	0	0	0	0	0	0	0	0	0	0
79.00		0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		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
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	822,114	0	0	0	0	0	0	0	0	5,853,257	1,166,745
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	0	131,425	0	0	0	0	0	0	0	0	1,268,639	252,881
91.00	Emergency	0	2,215,577	0	0	0	0	0	0	0	0	13,103,051	2,611,866
92.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01		0	0	0	0	0	0	0	0	0	0	0	0
93.02		0	0	0	0	0	0	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS													
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Inter-Resident Service (not appvd. tchg. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	508,511	0	0	0	0	0	0	0	0	2,283,179	455,112

Provider Name:

Fiscal Period Ended:

MERCY MEDICAL CENTER MERCED

JUNE 30, 2011

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	77,618	15,472
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	67,551	13,465
194.00 Public Relations	0	0	0	0	0	0	0	0	0	0	198,755	39,618
194.01 Community Health Education	0	41,312	0	0	0	0	0	0	0	0	167,232	33,335
194.02 Community Benefit Programs	0	0	0	0	0	0	0	0	0	0	2,000	399
194.03 Mission Services	0	25,343	0	0	0	0	0	0	0	0	145,770	29,057
194.04 Clinic Pharmacy	0	89,600	0	0	0	0	0	0	0	0	372,277	74,207
194.05 Fundraising/Foundation	0	1,836	0	0	0	0	0	0	0	0	17,436	3,475
194.06 Unused Space	0	0	0	0	0	0	0	0	0	0	1,159,861	231,198
194.07 Valley Children's NICU	0	0	0	0	0	0	0	0	0	0	90,713	18,082
194.08 Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0	0	0
194.09 UC Davis Cancer Foundation	0	0	0	0	0	0	0	0	0	0	598,622	119,325
194.10 Mercy Foundation	0	0	0	0	0	0	0	0	0	0	352,767	70,318
TOTAL	0	<u>28,067,802</u>	0	0	0	0	0	0	0	0	<u>192,906,355</u>	<u>32,061,607</u>

Provider Name:

MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:

JUNE 30, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00
ANCILLARY COST CENTERS												
50.00 Operating Room	0	1,210,684	63,313	521,390	7,666	163,981	0	215,493	194	175,196	533,841	0
50.01 Endoscopy	0	174,092	11,271	74,974	0	26,798	0	28,164	901	46,281	47,724	0
52.00 Labor Room and Delivery Room	0	475,004	0	204,564	0	131,001	0	212,943	3,203	253,629	264,706	0
53.00 Anesthesiology	0	0	0	0	0	0	0	0	0	784,333	48,326	0
54.00 Radiology-Diagnostic	0	541,932	36,416	233,387	0	122,228	0	7,366	3,535	873,639	295,490	0
55.00 Radiology-Therapeutic	0	0	3,222	0	0	59,459	0	29,417	2,354	80,068	56,465	0
56.00 Radioisotope	0	15,436	0	6,647	0	7,537	0	508	25	74,951	14,858	0
57.00 Computed Tomography (CT) Scan	0	57,923	0	24,945	0	18,583	0	0	6,361	0	388,784	0
58.00 Magnetic Resonance Imaging (MRI)	0	27,615	0	11,893	0	15,991	0	1,946	56	167,952	33,894	0
59.00 Cardiac Catheterization	0	29,102	3,984	12,533	0	5,503	0	9,000	531	246,332	22,406	0
60.00 Laboratory	0	175,700	2,817	75,666	0	169,045	0	292	5,062	10,261	547,066	0
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00 Intravenous Therapy	0	125,936	5,346	54,235	0	4,706	0	9,500	2,385	0	8,847	0
65.00 Respiratory Therapy	0	59,049	8	25,430	0	84,582	0	0	92	1,595	131,773	0
66.00 Physical Therapy	0	180,403	8,233	77,692	0	70,904	0	24,201	0	106	49,504	0
67.00 Occupational Therapy	0	59,732	2,491	25,724	0	8,055	0	7,186	375	399	6,867	0
68.00 Speech Pathology	0	13,627	0	5,868	0	40	0	0	0	0	3,344	0
69.00 Electrocardiology	0	50,206	458	21,621	0	25,084	0	64	1,813	27	95,487	0
70.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	313,394	0	71,567	0
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	270,406	0	37,824	0
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	4,685	103,794	441,926	0
74.00 Renal Dialysis	0	39,795	3,877	17,138	0	0	0	0	519	66,218	4,551	0
76.97 Cardiac Rehabilitation	0	148,004	801	63,739	0	7,378	0	8,227	48	3,549	2,242	0
76.00 Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
77.00	0	0	0	0	0	0	0	0	0	0	0	0
78.00	0	0	0	0	0	0	0	0	0	0	0	0
79.00	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	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
87.00	0	0	0	0	0	0	0	0	0	0	0	0
87.01	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic (RHC)	0	982,809	349	423,254	0	150,541	0	113,966	3,626	305,652	65,341	0
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00 Clinic	0	178,594	12,500	76,913	0	23,090	0	17,975	6,592	245,402	19,941	0
91.00 Emergency	0	1,721,665	152,869	741,448	27,072	253,189	0	471,713	56,546	160,735	549,423	0
92.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01	0	0	0	0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	0	131,524	0	56,642	0	49,569	0	47,389	0	0	0	0

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	91,970	0	39,608	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Public Relations	0	0	0	0	0	0	0	0	4	0	0	0
194.01 Community Health Education	0	0	0	0	0	4,746	0	0	0	0	0	0
194.02 Community Benefit Programs	0	0	0	0	0	0	0	0	0	0	0	0
194.03 Mission Services	0	46,990	0	20,237	0	3,589	0	0	9	3,748	0	0
194.04 Clinic Pharmacy	0	0	0	0	0	11,206	0	0	105	0	0	0
194.05 Fundraising/Foundation	0	0	0	0	0	479	0	0	0	0	0	0
194.06 Unused Space	0	1,374,325	0	591,864	0	0	0	0	0	0	0	0
194.07 Valley Children's NICU	0	107,486	5,706	46,290	0	0	0	0	0	0	0	0
194.08 Nonreimbursable Meals	0	0	0	0	304,917	0	0	0	0	0	0	0
194.09 UC Davis Cancer Foundation	0	0	0	0	0	0	0	0	0	0	0	0
194.10 Mercy Foundation	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	0	<u>11,894,966</u>	<u>1,172,461</u>	<u>4,990,679</u>	<u>4,807,909</u>	<u>2,776,384</u>	0	<u>2,987,547</u>	<u>778,068</u>	<u>4,053,838</u>	<u>5,012,798</u>	<u>398,062</u>

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	OTHER GEN SVC	NONPHYSICIAN ANESTHETIST	NURSING SCHOOL	I & R SVC SAL & BENEFITS	I&R OTHER PROGRAM COSTS	PARAMEDICAL EDUCATION PROGRAM	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
	(SPECIFIC)										
	18.00	19.00	20.00	21.00	22.00	23.00					
ANCILLARY COST CENTERS											
50.00 Operating Room	0	0	0	38,206	26,057	0	0	0	13,568,790	(63,897)	13,504,893
50.01 Endoscopy	0	0	0	0	0	0	0	0	2,270,696		2,270,696
52.00 Labor Room and Delivery Room	0	0	0	0	0	0	0	0	9,151,920		9,151,920
53.00 Anesthesiology	0	0	0	35,875	24,467	0	0	0	963,775	(59,999)	903,776
54.00 Radiology-Diagnostic	0	0	0	20,393	13,908	0	0	0	7,961,383	(34,106)	7,927,277
55.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	2,851,394		2,851,394
56.00 Radioisotope	0	0	0	0	0	0	0	0	547,390		547,390
57.00 Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	1,478,827		1,478,827
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	1,143,198		1,143,198
59.00 Cardiac Catheterization	0	0	0	0	0	0	0	0	679,034		679,034
60.00 Laboratory	0	0	0	0	0	0	0	0	12,688,542		12,688,542
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0		0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0		0
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0		0
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	648,723		648,723
65.00 Respiratory Therapy	0	0	0	0	0	0	0	0	4,411,554		4,411,554
66.00 Physical Therapy	0	0	0	0	0	0	0	0	3,128,691		3,128,691
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	489,285		489,285
68.00 Speech Pathology	0	0	0	0	0	0	0	0	188,516		188,516
69.00 Electrocardiology	0	0	0	0	0	0	0	0	1,145,716		1,145,716
70.00 Electroencephalography	0	0	0	0	0	0	0	0	0		0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	5,461,014		5,461,014
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	4,688,000		4,688,000
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	10,960,487		10,960,487
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	1,173,706		1,173,706
76.97 Cardiac Rehabilitation	0	0	0	0	0	0	0	0	746,339		746,339
76.00 Other Ancillary (specify)	0	0	0	0	0	0	0	0	0		0
77.00	0	0	0	0	0	0	0	0	0		0
78.00	0	0	0	0	0	0	0	0	0		0
79.00	0	0	0	0	0	0	0	0	0		0
80.00	0	0	0	0	0	0	0	0	0		0
81.00	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
87.00	0	0	0	0	0	0	0	0	0		0
87.01	0	0	0	0	0	0	0	0	0		0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	9,065,541		9,065,541
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0		0
90.00 Clinic	0	0	0	0	0	0	0	0	2,102,528		2,102,528
91.00 Emergency	0	0	0	213,252	145,442	0	0	0	20,208,270	(356,653)	19,851,617
92.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0		0
93.01	0	0	0	0	0	0	0	0	0		0
93.02	0	0	0	0	0	0	0	0	0		0
93.03	0	0	0	0	0	0	0	0	0		0
93.04	0	0	0	0	0	0	0	0	0		0
93.05	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTERS											
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0		0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0		0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0		0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0		0
98.00 Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0		0
99.00 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0		0
100.00 Intern-Resident Service (not appvd. tchnlg. prgm.)	0	0	0	0	0	0	0	0	0		0
101.00 Home Health Agency	0	0	0	0	0	0	0	0	3,023,414		3,023,414

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION	COST	COST		STEP-DOWN	COST
	(SPECIFIC)					PROGRAM			24.00	ADJUSTMENT	26.00
	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02		25.00	
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	224,668		224,668
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	81,016		81,016
194.00 Public Relations	0	0	0	0	0	0	0	0	238,378		238,378
194.01 Community Health Education	0	0	0	0	0	0	0	0	205,312		205,312
194.02 Community Benefit Programs	0	0	0	0	0	0	0	0	2,399		2,399
194.03 Mission Services	0	0	0	0	0	0	0	0	249,399		249,399
194.04 Clinic Pharmacy	0	0	0	0	0	0	0	0	457,795		457,795
194.05 Fundraising/Foundation	0	0	0	0	0	0	0	0	21,390		21,390
194.06 Unused Space	0	0	0	0	0	0	0	0	3,357,247		3,357,247
194.07 Valley Children's NICU	0	0	0	0	0	0	0	0	268,276		268,276
194.08 Nonreimbursable Meals	0	0	0	0	0	0	0	0	304,917		304,917
194.09 UC Davis Cancer Foundation	0	0	0	0	0	0	0	0	717,947		717,947
194.10 Mercy Foundation	0	0	0	0	0	0	0	0	423,085		423,085
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,265,113</u>	<u>1,544,848</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>192,906,355</u>	<u>(3,788,291)</u>	<u>189,118,064</u>

Provider Name:

MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:

JUNE 30, 2011

	EMP BENE (GROSS SALARIES)	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS							
	4.00 (Adj)	5.01 (Adj)	5.02 (Adj)	5.03 (Adj)	5.04 (Adj)	5.05 (Adj)	5.06 (Adj)	5.07 (Adj)	5.08 (Adj)			5.00	6.00 (Adj)
ANCILLARY COST CENTERS													0
50.00	Operating Room	4,939,692										8,848,896	
50.01	Endoscopy	937,800										1,551,271	
52.00	Labor Room and Delivery Room	3,917,545										6,342,585	
53.00	Anesthesiology											59,011	
54.00	Radiology-Diagnostic	2,960,473										4,846,936	
55.00	Radiology-Therapeutic	1,212,848										2,184,889	
56.00	Radioisotope	181,513										356,388	
57.00	Computed Tomography (CT) Scan	492,791										818,980	
58.00	Magnetic Resonance Imaging (MRI)	387,394										736,953	
59.00	Cardiac Catheterization	181,258										291,531	
60.00	Laboratory	3,316,882										9,757,620	
61.00	PBP Clinical Laboratory Services-Program Only											0	
62.00	Whole Blood & Packed Red Blood Cells											0	
63.00	Blood Storing, Processing, & Trans.											0	
64.00	Intravenous Therapy	165,937										365,010	
65.00	Respiratory Therapy	2,100,874										3,426,092	
66.00	Physical Therapy	1,529,170										2,265,967	
67.00	Occupational Therapy	187,836										315,555	
68.00	Speech Pathology	431										138,108	
69.00	Electrocardiology	490,481										792,904	
70.00	Electroencephalography											0	
71.00	Medical Supplies Charged to Patients											4,232,398	
72.00	Implantable Devices Charged to Patients											3,651,839	
73.00	Drugs Charged to Patients											8,679,896	
74.00	Renal Dialysis											868,490	
76.97	Cardiac Rehabilitation	212,638										427,197	
76.00	Other Ancillary (specify)											0	
77.00												0	
78.00												0	
79.00												0	
80.00												0	
81.00												0	
82.00												0	
83.00												0	
84.00												0	
85.00												0	
86.00												0	
87.00												0	
87.01												0	
88.00	Rural Health Clinic (RHC)	2,505,818										5,853,257	
89.00	Federally Qualified Health Center (FQHC)											0	
90.00	Clinic	400,585										1,268,639	
91.00	Emergency	6,753,117										13,103,051	
92.00	Observation Beds											0	
93.00	Other Outpatient Services (Specify)											0	
93.01												0	
93.02												0	
93.03												0	
93.04												0	
93.05												0	
NONREIMBURSABLE COST CENTERS													0
94.00	Home Program Dialysis											0	
95.00	Ambulance Services											0	
96.00	Durable Medical Equipment-Rented											0	
97.00	Durable Medical Equipment-Sold											0	
98.00	Other Reimbursable (specify)											0	
99.00	Outpatient Rehabilitation Provider (specify)											0	
100.00	Intern-Resident Service (not appvd. tchnlg. prgm.)											0	
101.00	Home Health Agency	1,549,950										2,283,179	

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) 4.00 (Adj)	STAT 5.01 (Adj)	STAT 5.02 (Adj)	STAT 5.03 (Adj)	STAT 5.04 (Adj)	STAT 5.05 (Adj)	STAT 5.06 (Adj)	STAT 5.07 (Adj)	STAT 5.08 (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS 6.00 (Adj)
105.00	Kidney Acquisition										0	
106.00	Heart Acquisition										0	
107.00	Liver Acquisition										0	
108.00	Lung Acquisition										0	
109.00	Pancreas Acquisition										0	
110.00	Intestinal Acquisition										0	
111.00	Islet Acquisition										0	
113.00	Interest Expense										0	
190.00	Gift, Flower, Coffee Shop, & Canteen										77,618	
192.00	Physicians' Private Offices										67,551	
194.00	Public Relations										198,755	
194.01	Community Health Education	125,920									167,232	
194.02	Community Benefit Programs										2,000	
194.03	Mission Services	77,245									145,770	
194.04	Clinic Pharmacy	273,103									372,277	
194.05	Fundraising/Foundation	5,595									17,436	
194.06	Unused Space										1,159,861	
194.07	Valley Children's NICU										90,713	
194.08	Nonreimbursable Meals										0	
194.09	UC Davis Cancer Foundation										598,622	
194.10	Mercy Foundation										352,767	
	TOTAL	85,551,154	0	0	0	0	0	0	0		160,844,748	0
	COST TO BE ALLOCATED	28,067,802	0	0	0	0	0	0	0		32,061,607	0
	UNIT COST MULTIPLIER - SCH 8	0.328082	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.199333	0.000000

Provider Name:

Fiscal Period Ended:

MERCY MEDICAL CENTER MERCED

JUNE 30, 2011

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (PAID FTE'S) (Adj)	MANT OF PERSONNEL (Adj)	NURSING ADMIN (NURSE HR) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) (Adj)	PHARMACY (COST REQUIS) (Adj)	MED REC (GROSS CHARGES) (Adj)	SOC SERV (TIME SPENT) (Adj)	OTHER SVC (TIME SPENT) (Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01												
5.02												
5.03												
5.04												
5.05												
5.06												
5.07												
5.08												
5.00	Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	714											
9.00	6,910	5,367										
10.00	15,073	13,924	15,073									
11.00	Cafeteria 231,777											
12.00	Maintenance of Personnel											
13.00	619											
14.00	3,945											
15.00	4,630											
16.00	5,347											
17.00	Social Service 265											
18.00	Other General Service (specify)											
19.00	Nonphysician Anesthetists											
20.00	Nursing School											
21.00	Intern & Res. Service-Salary & Fringes (Approved) 2,381											
22.00	2,319	6,013	2,319									
23.00	Paramedical Ed. Program (specify) 92											
23.01												
23.02												
INPATIENT ROUTINE COST CENTERS												
30.00	42,389	945,047	42,389	128,491	19,588	349,246		918,483	24,373	175,720,232	45,542	
31.00	13,804											
32.00	Coronary Care Unit											
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Special Care (specify)											
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	660											
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT) 7.00 (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj)	HOUSE-KEEPING (SQ FT) 9.00 (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj)	CAFETERIA (PAID FTE'S) 11.00 (Adj)	MANT OF PERSONNEL 12.00 (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj)
ANCILLARY COST CENTERS												
50.00	Operating Room	30,119	71,537	30,119	640	4,112		53,827	2,619	13,181	96,069,979	
50.01	Endoscopy	4,331	12,735	4,331		672		7,035	12,168	3,482	8,588,387	
52.00	Labor Room and Delivery Room	11,817		11,817		3,285		53,190	43,256	19,082	47,636,573	
53.00	Anesthesiology									59,010	8,696,700	
54.00	Radiology-Diagnostic	13,482	41,146	13,482		3,065	1,840	47,739		65,729	53,176,367	
55.00	Radiology-Therapeutic		3,640			1,491	7,348	31,796		6,024	10,161,498	
56.00	Radioisotope	384		384		189	127	338		5,639	2,673,839	
57.00	Computed Tomography (CT) Scan	1,441		1,441		466		85,907			69,965,483	
58.00	Magnetic Resonance Imaging (MRI)	687		687		401	486	760		12,636	6,099,550	
59.00	Cardiac Catheterization	724	4,501	724		138	2,248	7,169		18,533	4,032,211	
60.00	Laboratory	4,371	3,183	4,371		4,239	73	68,360		772	98,450,070	
61.00	PBP Clinical Laboratory Services-Program Only											
62.00	Whole Blood & Packed Red Blood Cells											
63.00	Blood Storing, Processing, & Trans.											
64.00	Intravenous Therapy	3,133	6,040	3,133		118	2,373	32,208			1,592,120	
65.00	Respiratory Therapy	1,469	9	1,469		2,121		1,245	120		23,713,915	
66.00	Physical Therapy	4,488	9,302	4,488		1,778	6,045		8		8,908,720	
67.00	Occupational Therapy	1,486	2,815	1,486		202	1,795	5,062	30		1,235,768	
68.00	Speech Pathology	339		339		1					601,803	
69.00	Electrocardiology	1,249	518	1,249		629	16	24,488	2		17,183,824	
70.00	Electroencephalography											
71.00	Medical Supplies Charged to Patients							4,232,398			12,879,129	
72.00	Implantable Devices Charged to Patients							3,651,839			6,806,862	
73.00	Drugs Charged to Patients							63,271	7,809		79,528,925	
74.00	Renal Dialysis	990	4,381	990				7,004	4,982		819,059	
76.97	Cardiac Rehabilitation	3,682	905	3,682		185	2,055	652	267		403,455	
76.00	Other Ancillary (specify)											
77.00												
78.00												
79.00												
80.00												
81.00												
82.00												
83.00												
84.00												
85.00												
86.00												
87.00												
87.01												
88.00	Rural Health Clinic (RHC)	24,450	394	24,450		3,775	28,467	48,966	22,996		11,758,790	
89.00	Federally Qualified Health Center (FQHC)											
90.00	Clinic	4,443	14,124	4,443		579	4,490	89,030	18,463		3,588,632	
91.00	Emergency	42,831	172,726	42,831	2,260	6,349	117,827	763,659	12,093		98,874,192	
92.00	Observation Beds											
93.00	Other Outpatient Services (Specify)											
93.01												
93.02												
93.03												
93.04												
93.05												
NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis											
95.00	Ambulance Services											
96.00	Durable Medical Equipment-Rented											
97.00	Durable Medical Equipment-Sold											
98.00	Other Reimbursable (specify)											
99.00	Outpatient Rehabilitation Provider (specify)											
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)											
101.00	Home Health Agency	3,272		3,272		1,243		11,837				

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:

Fiscal Period Ended:

MERCY MEDICAL CENTER MERCED

JUNE 30, 2011

	OPER PLANT (SQ FT) 7.00 (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj)	HOUSE- KEEPING (SQ FT) 9.00 (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj)	CAFETERIA (PAID FTE'S) 11.00 (Adj)	MANT OF PERSONNEL 12.00 (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj)
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
113.00 Interest Expense												
190.00 Gift, Flower, Coffee Shop, & Canteen	2,288		2,288									
192.00 Physicians' Private Offices												
194.00 Public Relations								57				
194.01 Community Health Education					119							
194.02 Community Benefit Programs												
194.03 Mission Services	1,169		1,169		90			122	282			
194.04 Clinic Pharmacy					281			1,415				
194.05 Fundraising/Foundation					12							
194.06 Unused Space	34,190		34,190									
194.07 Valley Children's NICU	2,674	6,447	2,674									
194.08 Nonreimbursable Meals				25,455								
194.09 UC Davis Cancer Foundation												
194.10 Mercy Foundation												
TOTAL	295,919	1,324,754	288,295	401,372	69,621	0	746,245	10,507,838	304,994	902,103,042	56,148	0
COST TO BE ALLOCATED	11,894,966	1,172,461	4,990,679	4,807,909	2,776,384	0	2,987,547	778,068	4,053,838	5,012,798	398,062	0
UNIT COST MULTIPLIER - SCH 8	40.196694	0.885040	17.311014	11.978686	39.878541	0.000000	4.003440	0.074046	13.291533	0.005557	7.089520	0.000000

Provider Name:
 MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
 JUNE 30, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	23.01 (Adj)	23.02 (Adj)
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01							
5.02							
5.03							
5.04							
5.05							
5.06							
5.07							
5.08							
5.00	Administrative and General						
6.00	Maintenance and Repairs						
7.00	Operation of Plant						
8.00	Laundry and Linen Service						
9.00	Housekeeping						
10.00	Dietary						
11.00	Cafeteria						
12.00	Maintenance of Personnel						
13.00	Nursing Administration						
14.00	Central Services and Supply						
15.00	Pharmacy						
16.00	Medical Records & Library						
17.00	Social Service						
18.00	Other General Service (specify)						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Service-Salary & Fringes (Approved)						
22.00	Intern & Res. Other Program Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.01							
23.02							
INPATIENT ROUTINE COST CENTERS							
30.00	Adults & Pediatrics (Gen Routine)		20,967	20,967			
31.00	Intensive Care Unit		2,116	2,116			
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Other Special Care (specify)						
40.00	Subprovider - IPF						
41.00	Subprovider - IRF						
42.00	Subprovider (specify)						
43.00	Nursery		433	433			
44.00	Skilled Nursing Facility						
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	23.01 (Adj)	23.02 (Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room		459	459			
50.01	Endoscopy						
52.00	Labor Room and Delivery Room						
53.00	Anesthesiology		431	431			
54.00	Radiology-Diagnostic		245	245			
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
61.00	PBP Clinical Laboratory Services-Program Only						
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, & Trans.						
64.00	Intravenous Therapy						
65.00	Respiratory Therapy						
66.00	Physical Therapy						
67.00	Occupational Therapy						
68.00	Speech Pathology						
69.00	Electrocardiology						
70.00	Electroencephalography						
71.00	Medical Supplies Charged to Patients						
72.00	Implantable Devices Charged to Patients						
73.00	Drugs Charged to Patients						
74.00	Renal Dialysis						
76.97	Cardiac Rehabilitation						
76.00	Other Ancillary (specify)						
77.00							
78.00							
79.00							
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency		2,562	2,562			
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
NONREIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable (specify)						
99.00	Outpatient Rehabilitation Provider (specify)						
100.00	Intern-Resident Service (not appvd. tchng. prgm.)						
101.00	Home Health Agency						

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:

Fiscal Period Ended:

MERCY MEDICAL CENTER MERCED

JUNE 30, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	23.01 (Adj)	23.02 (Adj)
105.00 Kidney Acquisition							
106.00 Heart Acquisition							
107.00 Liver Acquisition							
108.00 Lung Acquisition							
109.00 Pancreas Acquisition							
110.00 Intestinal Acquisition							
111.00 Islet Acquisition							
113.00 Interest Expense							
190.00 Gift, Flower, Coffee Shop, & Canteen							
192.00 Physicians' Private Offices							
194.00 Public Relations							
194.01 Community Health Education							
194.02 Community Benefit Programs							
194.03 Mission Services							
194.04 Clinic Pharmacy							
194.05 Fundraising/Foundation							
194.06 Unused Space							
194.07 Valley Children's NICU							
194.08 Nonreimbursable Meals							
194.09 UC Davis Cancer Foundation							
194.10 Mercy Foundation							
TOTAL	0	0	27,213	27,213	0	0	0
COST TO BE ALLOCATED	0	0	2,265,113	1,544,848	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	83.236425	56.768760	0.000000	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 20,517,472	\$ (13,292,484)	\$ 7,224,988
2.00	Capital Related Costs-Movable Equipment	6,781,031	0	6,781,031
3.00	Other Capital Related Costs		0	0
3.01			0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	29,326,665	(1,261,509)	28,065,156
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	18,935,146	8,672,081	27,607,227
6.00	Maintenance and Repairs		0	0
7.00	Operation of Plant	6,029,588	0	6,029,588
8.00	Laundry and Linen Service	903,026	0	903,026
9.00	Housekeeping	3,012,069	0	3,012,069
10.00	Dietary	2,180,040	0	2,180,040
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	1,818,700	0	1,818,700
14.00	Central Services and Supply	234,795	0	234,795
15.00	Pharmacy	2,280,827	0	2,280,827
16.00	Medical Records & Library	3,132,362	0	3,132,362
17.00	Social Service	243,277	0	243,277
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	1,362,472	0	1,362,472
22.00	Intern & Res. Other Program Costs (Approved)	1,051,681	0	1,051,681
23.00	Paramedical Ed. Program (specify)		0	0
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	24,562,239	0	24,562,239
31.00	Intensive Care Unit	5,965,783	0	5,965,783
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery	1,514,217	0	1,514,217
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 6,206,515	\$ 0	\$ 6,206,515
50.01	Endoscopy	1,096,671	0	1,096,671
52.00	Labor Room and Delivery Room	4,656,429	0	4,656,429
53.00	Anesthesiology	59,011	0	59,011
54.00	Radiology-Diagnostic	3,418,295	0	3,418,295
55.00	Radiology-Therapeutic	1,786,975	0	1,786,975
56.00	Radioisotope	283,810	0	283,810
57.00	Computed Tomography (CT) Scan	608,420	0	608,420
58.00	Magnetic Resonance Imaging (MRI)	586,550	0	586,550
59.00	Cardiac Catheterization	207,503	0	207,503
60.00	Laboratory	8,695,718	(174,589)	8,521,129
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy	204,285	0	204,285
65.00	Respiratory Therapy	2,686,999	0	2,686,999
66.00	Physical Therapy	1,612,023	0	1,612,023
67.00	Occupational Therapy	203,518	0	203,518
68.00	Speech Pathology	126,466	0	126,466
69.00	Electrocardiology	589,615	0	589,615
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	4,232,398	0	4,232,398
72.00	Implantable Devices Charged to Patients	3,651,839	0	3,651,839
73.00	Drugs Charged to Patients	8,679,896	0	8,679,896
74.00	Renal Dialysis	834,905	0	834,905
76.97	Cardiac Rehabilitation	232,526	0	232,526
76.00	Other Ancillary (specify)		0	0
77.00			0	0
78.00			0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)	4,641,802	0	4,641,802
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic	986,490	0	986,490
91.00	Emergency	9,434,476	0	9,434,476
92.00	Observation Beds		0	0
93.00	Other Outpatient Services (Specify)		0	0
93.01			0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	SUBTOTAL	\$ 195,574,525	\$ (6,056,501)	\$ 189,518,024
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)		0	0
99.00	Outpatient Rehabilitation Provider (specify)		0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)		0	0
101.00	Home Health Agency	1,663,669	0	1,663,669
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
113.00	Interest Expense		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen		0	0
192.00	Physicians' Private Offices	67,551	0	67,551
194.00	Public Relations	198,755	0	198,755
194.01	Community Health Education	125,920	0	125,920
194.02	Community Benefit Programs	2,000	0	2,000
194.03	Mission Services	80,770	0	80,770
194.04	Clinic Pharmacy	282,677	0	282,677
194.05	Fundraising/Foundation	15,600	0	15,600
194.06	Unused Space		0	0
194.07	Valley Children's NICU		0	0
194.08	Nonreimbursable Meals		0	0
194.09	UC Davis Cancer Foundation	598,622	0	598,622
194.10	Mercy Foundation	352,767	0	352,767
	SUBTOTAL	\$ 3,388,331	\$ 0	\$ 3,388,331
200	TOTAL	\$ 198,962,856	\$ (6,056,501)	\$ 192,906,355

(To Schedule 8)

Provider Name:

MERCY MEDICAL CENTER MERCED

Fiscal Period Ended:

JUNE 30, 2011

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ								
105.00 Kidney Acquisition	0											
106.00 Heart Acquisition	0											
107.00 Liver Acquisition	0											
108.00 Lung Acquisition	0											
109.00 Pancreas Acquisition	0											
110.00 Intestinal Acquisition	0											
111.00 Islet Acquisition	0											
113.00 Interest Expense	0											
190.00 Gift, Flower, Coffee Shop, & Canteen	0											
192.00 Physicians' Private Offices	0											
194.00 Public Relations	0											
194.01 Community Health Education	0											
194.02 Community Benefit Programs	0											
194.03 Mission Services	0											
194.04 Clinic Pharmacy	0											
194.05 Fundraising/Foundation	0											
194.06 Unused Space	0											
194.07 Valley Children's NICU	0											
194.08 Nonreimbursable Meals	0											
194.09 UC Davis Cancer Foundation	0											
194.10 Mercy Foundation	0											
200.00 TOTAL	<u>(\$6,056,501)</u>	<u>0</u>	<u>(6,056,501)</u>	<u>0</u>								

(To Sch 10)

Provider Name							Fiscal Period			Provider NPI		Adjustments
MERCY MEDICAL CENTER MERCED							JULY 1, 2010 THROUGH JUNE 30, 2011			1518018191		11
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>RECLASSIFICATION OF REPORTED COSTS</u>												
										II B3		
1	10A	A			5.00	7	Administrative and General		\$18,935,146	\$13,292,484	\$32,227,630 *	
	10A	A			1.00	7	Capital Related Costs - Buildings and Fixtures		20,517,472	(13,292,484)	7,224,988	
							To abate interest income against interest expense and to reverse the provider's abatement adjustment. 42 CFR 413.153(b)(2)(iii) CMS Pub. 15-1, Section 202.2 CMS Pub. 15-2, Section 4016					

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments	
MERCY MEDICAL CENTER MERCED							JULY 1, 2010 THROUGH JUNE 30, 2011			1518018191		11	
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report											
		Work Sheet	Part	Title	Line	Col.							
<u>ADJUSTMENT TO REPORTED COSTS</u>													
2	10A	A			4.00	7	Employee Benefits			\$29,326,665	II C3 (\$1,261,509)	\$28,065,156	
	10A	A			5.00	7	Administrative and General	*		32,227,630	(4,620,403)	27,607,227	
	10A	A			60.00	7	Laboratory			8,695,718	(174,589)	8,521,129	
							To adjust reported home office costs to agree with the Catholic Healthcare West home office audit report for fiscal period ended June 30, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304						

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI	Adjustments	
MERCY MEDICAL CENTER MERCED							JULY 1, 2010 THROUGH JUNE 30, 2011	1518018191	11	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
								II D6		
3	4A	Not Reported					Medi-Cal Administrative Days (August 1, 2010 through June 30, 2011)	0	6	6
	4A	Not Reported					Medi-Cal Administrative Day Rate (August 1, 2010 through July 31, 2011)	\$0	\$409.48	\$409.48
	4A	Not Reported					Medi-Cal Administrative Days (July 1, 2010 through July 31, 2010)	0	30	30
	4A	Not Reported					Medi-Cal Administrative Day Rate (July 1, 2010 through July 31, 2010)	\$0	\$381.37	\$381.37
4	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$2,128	\$2,128
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	18,390	18,390
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	15,514	15,514
	6	Not Reported					Medi-Cal Ancillary Charges - Occupational Therapy	0	833	833
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	18,630	18,630
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	55,495	55,495
5	2	Not Reported					Medi-Cal Routine Charges - Total	\$0	\$156,207	\$156,207
	2	Not Reported					Medi-Cal Ancillary Charges - Total	0	55,495	55,495
6	3	Not Reported					Medi-Cal Coinsurance	\$0	\$227	\$227
	1	Not Reported					Medi-Cal Interim Payments	0	28,455	28,455
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data:</p> <p>Service Period: July 1, 2010 through June 30, 2011</p> <p>Payment Period: July 1, 2010 through October 31, 2013</p> <p>Report Date: November 21, 2013</p> <p>42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139</p> <p>CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408</p> <p>CCR, Title 22, Sections 51173, 51541, and 51542</p>										

Provider Name							Fiscal Period		Provider NPI		Adjustments
MERCY MEDICAL CENTER MERCED							JULY 1, 2010 THROUGH JUNE 30, 2011		1518018191		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
								II D5			
7	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	3,898	(808)	3,090	
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	1,586	(13)	1,573	
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	290	(119)	171	
8	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$3,363,925	\$2,937,389	\$6,301,314	
	Contract 6	D-3		XIX	50.01	2	Medi-Cal Ancillary Charges - Endoscopy	276,434	(139,989)	136,445	
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	11,496,992	(8,064,584)	3,432,408	
	Contract 6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	265,474	286,656	552,130	
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,464,104	(426,308)	1,037,796	
	Contract 6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	4,640	(4,640)	0	
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	43,701	(25,172)	18,529	
	Contract 6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - CT Scan	1,334,211	(352,898)	981,313	
	Contract 6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - MRI	162,688	(48,905)	113,783	
	Contract 6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	55,108	118,460	173,568	
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	3,125,033	(688,991)	2,436,042	
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	1,010,884	(442,244)	568,640	
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	246,172	(150,394)	95,778	
	Contract 6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	19,248	(10,137)	9,111	
	Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	14,485	136,563	151,048	
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	529,184	(457,440)	71,744	
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	927,629	(147,479)	780,150	
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	158,593	(158,593)	0	
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,924,890	3,312,844	6,237,734	
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	39,600	(19,800)	19,800	
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	1,100,590	(437,572)	663,018	
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	28,563,585	(4,783,234)	23,780,351	

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
MERCY MEDICAL CENTER MERCED							JULY 1, 2010 THROUGH JUNE 30, 2011			1518018191		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT												
-Continued from previous page-												
9	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Charges - Total	\$19,071,996	(\$4,404,580)	\$14,667,416		
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Charges - Total	28,563,585	(4,783,234)	23,780,351		
10	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	\$0	\$7,385	\$7,385		
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	0	18,248	18,248		
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through October 31, 2013 Report Date: November 21, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>												

Provider Name							Fiscal Period			Provider NPI		Adjustments
MERCY MEDICAL CENTER MERCED							JULY 1, 2010 THROUGH JUNE 30, 2011			1518018191		11
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENT TO OTHER MATTERS												
11	1	N/A	Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1					\$0	II E1 \$80,819	\$80,819		