

**REPORT
ON THE
COST REPORT REVIEW**

**ST. MARY MEDICAL CENTER
APPLE VALLEY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1669456299**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Julio M. Cueto
Audit Supervisor: Bina Matani
Auditor: Robert Neely**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

October 17, 2013

Shawn T. Curtis
Director of Finance
St. Mary Medical Center
18300 Highway 18
Apple Valley, CA 92307

ST. MARY MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1669456299
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, 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 settlement for the fiscal period due the State in the amount of \$2,231,712 presented in the Summary of Findings represents 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. 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.

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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.

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If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

Julio M. Cueto, Chief
Audits Section—Rancho Cucamonga
Financial Audits Branch

Certified

cc: Avie Heilgeist
Medicare Reimbursement Specialist
22548 Mountain Breeze Drive
Murrieta, CA 92562

SUMMARY OF FINDINGS

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1669456299	Reported	\$ (2,065,509)	
	Net Change	\$ (166,203)	
	Audited Amount Due Provider (State)	\$ (2,231,712)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI:	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ (2,231,712)	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
ST. MARY MEDICAL CENTER

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)	\$ (2,231,712)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669456299

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>24,602,466</u>	\$ <u>23,864,890</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. Administrative Days (Adj 31)	\$ <u>12,950</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>24,615,416</u>	\$ <u>23,864,890</u>
6. Interim Payments (Adj 27)	\$ <u>(26,680,925)</u>	\$ <u>(26,048,100)</u>
7. Balance Due Provider (State)	\$ <u>(2,065,509)</u>	\$ <u>(2,183,210)</u>
8. Medi-Cal Overpayments (Adj 30)	\$ <u>0</u>	\$ <u>(8,478)</u>
9. Medi-Cal Credit Balances (Adj 29)	\$ <u>0</u>	\$ <u>(40,024)</u>
10. Protested Amounts (Adj 1)	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>(2,065,509)</u></u>	\$ <u><u>(2,231,712)</u></u>
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1669456299

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 25,172,956 \$ 24,469,174

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 25) \$ 34,595,435 \$ 33,857,0823. Inpatient Ancillary Service Charges (Adj 25) \$ 58,776,216 \$ 57,989,4724. Total Charges - Medi-Cal Inpatient Services \$ 93,371,651 \$ 91,846,5545. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 68,198,695 \$ 67,377,3806. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1669456299

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 11,157,271	\$ 10,897,465
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 14,015,685	\$ 13,571,709
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)	\$ 25,172,956	\$ 24,469,174
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 25,172,956	\$ 24,469,174
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj 26)	\$ (86,296)	\$ (90,214)
10. Medi-Cal Coinsurance (Adj 26)	\$ (484,194)	\$ (514,070)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 24,602,466	\$ 23,864,890
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1669456299

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	56,061	56,061
2. Inpatient Days (include private, exclude swing-bed)	56,061	56,061
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	56,061	56,061
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) (Adjs 22,28)	8,296.00	8,038.75

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 26)	\$ 56,374,139	\$ 55,903,551
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)	\$ 56,374,139	\$ 55,903,551

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 130,313,595	\$ 130,313,595
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 130,313,595	\$ 130,313,595
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.432604	\$ 0.428992
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)	\$ 2,324.50	\$ 2,324.50
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)	\$ 56,374,139	\$ 55,903,551

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,005.59	\$ 997.19
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 8,342,375	\$ 8,016,161
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 5,673,310	\$ 5,555,548
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 14,015,685	\$ 13,571,709

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669456299

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 1,865,567	\$ 1,850,118
2. Total Inpatient Days (Adj)	3,947	3,947
3. Average Per Diem Cost	\$ 472.65	\$ 468.74
4. Medi-Cal Inpatient Days (Adjs 22,28)	1,382.00	1,383.75
5. Cost Applicable to Medi-Cal	\$ 653,202	\$ 648,619
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 15,318,988	\$ 15,191,542
7. Total Inpatient Days (Adj)	7,212	7,212
8. Average Per Diem Cost	\$ 2,124.10	\$ 2,106.43
9. Medi-Cal Inpatient Days (Adjs 22,28)	906.00	893.25
10. Cost Applicable to Medi-Cal	\$ 1,924,435	\$ 1,881,569
NEONATAL INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 5,975,381	\$ 5,925,522
12. Total Inpatient Days (Adj)	3,320	3,320
13. Average Per Diem Cost	\$ 1,799.81	\$ 1,784.80
14. Medi-Cal Inpatient Days (Adj 22)	1,720.00	1,687.00
15. Cost Applicable to Medi-Cal	\$ 3,095,673	\$ 3,010,958
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 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 26)	\$ 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 26)	\$ 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		
31. Per Diem Rate (Adj 23)	\$ 0.00	\$ 351.26
32. Medi-Cal Inpatient Days (Adj 23)	0.00	41.00
33. Cost Applicable to Medi-Cal	\$ 0	\$ 14,402
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0	0
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 5,673,310	\$ 5,555,548

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1669456299

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1669456299

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 22,490,014	\$ 177,000,282	0.127062	\$ 7,061,928	\$ 897,303
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	8,691,243	21,422,819	0.405700	5,849,365	2,373,089
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	8,692,322	23,887,964	0.363879	1,459,627	531,127
54.01	Ultrasound	1,700,398	13,845,412	0.122813	653,498	80,258
56.00	Radioisotope	1,321,008	17,012,930	0.077647	878,856	68,241
57.00	Computed Tomography (CT) Scan	1,892,006	62,059,571	0.030487	2,550,504	77,757
58.00	Magnetic Resonance Imaging (MRI)	423,009	8,507,690	0.049721	701,375	34,873
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	8,836,939	64,238,337	0.137565	6,137,384	844,288
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	1,822,176	1,792,537	1.016535	205,355	208,750
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	5,302,673	25,223,716	0.210226	3,168,187	666,034
66.00	Physical Therapy	1,774,856	7,271,730	0.244076	484,035	118,141
67.00	Occupational Therapy	308,303	1,531,369	0.201325	71,579	14,411
68.00	Speech Pathology	256,697	814,330	0.315225	4,576	1,442
69.00	Electrocardiology	5,356,239	69,126,743	0.077484	3,592,396	278,354
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	23,106,379	10,516,210	2.197215	743,259	1,633,100
72.00	Implantable Devices Charged to Patients	11,994,066	49,590,785	0.241861	1,325,040	320,475
73.00	Drugs Charged to Patients	15,649,683	132,726,731	0.117909	16,414,854	1,935,460
74.00	Renal Dialysis	870,343	2,737,190	0.317970	414,408	131,769
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Cardiac Rehab	617,976	543,660	1.136695	0	0
76.01	Diabetes Center	427,081	178,174	2.396986	0	0
78.00		0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		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
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	7,412,063	4,047,095	1.831453	0	0
91.00	Emergency	21,010,122	193,089,669	0.108810	6,273,246	682,593
92.00	Observation Beds	0	3,879,409	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 149,955,597	\$ 891,044,353		\$ 57,989,472	\$ 10,897,465

(To Schedule 3)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1669456299

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 24)	AUDITED
50.00	Operating Room	\$ 7,200,995	\$ (139,067)	\$ 7,061,928
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room	5,865,327	(15,962)	5,849,365
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	1,483,335	(23,708)	1,459,627
54.01	Ultrasound	674,693	(21,195)	653,498
56.00	Radioisotope	909,457	(30,601)	878,856
57.00	Computed Tomography (CT) Scan	2,628,341	(77,837)	2,550,504
58.00	Magnetic Resonance Imaging (MRI)	717,550	(16,175)	701,375
59.00	Cardiac Catheterization			0
60.00	Laboratory	6,277,068	(139,684)	6,137,384
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells	200,062	5,293	205,355
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	3,219,528	(51,341)	3,168,187
66.00	Physical Therapy	517,984	(33,949)	484,035
67.00	Occupational Therapy	80,070	(8,491)	71,579
68.00	Speech Pathology	8,828	(4,252)	4,576
69.00	Electrocardiology	3,761,265	(168,869)	3,592,396
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	774,349	(31,090)	743,259
72.00	Implantable Devices Charged to Patients	1,347,554	(22,514)	1,325,040
73.00	Drugs Charged to Patients	16,796,812	(381,958)	16,414,854
74.00	Renal Dialysis	424,904	(10,496)	414,408
75.00	ASC (Non-Distinct Part)			0
76.00	Cardiac Rehab			0
76.01	Diabetes Center			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	5,888,094	385,152	6,273,246
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
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 58,776,216	\$ (786,744)	\$ 57,989,472

(To Schedule 5)

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
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
112.00 Other Organ Acquisition (specify)	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
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	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	21,645	3,618
191.00 Research	0	0	0	0	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
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01 Marketing	0	36,132	0	0	0	0	0	0	0	0	2,396,906	400,664
193.02 Non-Reimbursable Cost Center	0	47,422	0	0	0	0	0	0	0	0	2,457,622	410,813
193.03 Medical Office Building	0	0	0	0	0	0	0	0	0	0	47,253	7,899
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	<u>6,890,588</u>	0	0	0	0	0	0	0	0	<u>236,384,917</u>	<u>33,854,718</u>

Provider Name:
ST. MARY MEDICAL CENTER

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
112.00 Other Organ Acquisition (specify)	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
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	37,822	0	0	21,023	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	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
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01 Marketing	50,653	0	0	28,155	0	13,564	0	132	0	0	0	0
193.02 Non-Reimbursable Cost Center	175,021	0	0	97,284	1,216,884	19,524	0	0	0	0	0	0
193.03 Medical Office Building	97,762	0	0	54,341	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>7,824,676</u>	<u>0</u>	<u>846,018</u>	<u>4,247,122</u>	<u>4,277,744</u>	<u>2,035,262</u>	<u>0</u>	<u>4,343,712</u>	<u>3,446,463</u>	<u>6,491,074</u>	<u>5,039,804</u>	<u>719,168</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
ST. MARY MEDICAL CENTER

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 (SPECIFIC) 18.00	ANESTHETIST 19.00	SCHOOL 20.00	SAL & BENEFITS 21.00	PROGRAM COSTS 22.00	EDUCATION PROGRAM 23.00	COST 23.01	COST 23.02	24.00	STEP-DOWN ADJUSTMENT 25.00	COST 26.00
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
112.00 Other Organ Acquisition (specify)	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
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	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	84,108	0	84,108
191.00 Research	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
193.01 Marketing	0	0	0	0	0	0	0	0	2,890,075	0	2,890,075
193.02 Non-Reimbursable Cost Center	0	0	0	0	0	0	0	0	4,377,149	0	4,377,149
193.03 Medical Office Building	0	0	0	0	0	0	0	0	207,255	0	207,255
193.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>236,384,917</u>	<u>0</u>	<u>236,384,917</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) 4.00	STAT 5.01	STAT 5.02	STAT 5.03	STAT 5.04	STAT 5.05	STAT 5.06	STAT 5.07	STAT 5.08	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00
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	
112.00	Other Organ Acquisition (specify)										0	
113.00	Interest Expense										0	
114.00	Utilization Review-SNF										0	
115.00	Ambulatory Surgical Center (Distinct Part)										0	
116.00	Hospice										0	
117.00	Other Special Purpose (specify)										0	
190.00	Gift, Flower, Coffee Shop, & Canteen										21,645	843
191.00	Research										0	
192.00	Physicians' Private Offices										0	
193.00	Nonpaid Workers										0	
193.01	Marketing	522,087									2,396,906	1,129
193.02	Non-Reimbursable Cost Center	685,226									2,457,622	3,901
193.03	Medical Office Building										47,253	2,179
193.04											0	
	TOTAL	99,565,873	0	0	0	0	0	0	0		202,530,199	174,402
	COST TO BE ALLOCATED	6,890,588	0	0	0	0	0	0	0		33,854,718	7,824,676
	UNIT COST MULTIPLIER - SCH 8	0.069206	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.167159	44.865747

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (PATIENT DAYS)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
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)											
31.00	Intensive Care Unit											
31.01	Neonatal Intensive 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											
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (LB LNDRY) 8.00	HOUSE- KEEPING (SQ FT) 9.00	DIETARY (MEALS SERVED) 10.00	CAFETERIA (PAID FTE'S) 11.00	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00	MED REC (GROSS REVENUE) 16.00	SOC SERV (PATIENT DAYS) 17.00	OTHER SVC (TIME SPENT) 18.00
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											
112.00	Other Organ Acquisition (specify)											
113.00	Interest Expense											
114.00	Utilization Review-SNF											
115.00	Ambulatory Surgical Center (Distinct Part)											
116.00	Hospice											
117.00	Other Special Purpose (specify)											
190.00	Gift, Flower, Coffee Shop, & Canteen 843											
191.00	Research											
192.00	Physicians' Private Offices											
193.00	Nonpaid Workers											
193.01	Marketing 1,129 726 37											
193.02	Non-Reimbursable Cost Center 3,901 236,353 1,045											
193.03	Medical Office Building 2,179											
193.04												
TOTAL	0	328,175	170,305	830,858	108,935	0	1,219,514	26,881,234	7,318,815	1,084,554,977	68,747	0
COST TO BE ALLOCATED	0	846,018	4,247,122	4,277,744	2,035,262	0	4,343,712	3,446,463	6,491,074	5,039,805	719,168	0
UNIT COST MULTIPLIER - SCH 8	0.000000	2.577948	24.938328	5.148587	18.683270	0.000000	3.561839	0.128211	0.886902	0.004647	10.461083	0.000000

Provider Name:
ST. MARY MEDICAL CENTER

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	20.00	21.00	22.00	23.00	23.01	23.02

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)
- 31.00 Intensive Care Unit
- 31.01 Neonatal Intensive 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
- 44.00 Skilled Nursing Facility
- 45.00 Nursing Facility
- 46.00 Other Long Term Care
- 47.00

Provider Name:
ST. MARY MEDICAL CENTER

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	20.00	21.00	22.00	23.00	23.01	23.02

ANCILLARY COST CENTERS

- 50.00 Operating Room
- 51.00 Recovery Room
- 52.00 Labor Room and Delivery Room
- 53.00 Anesthesiology
- 54.00 Radiology-Diagnostic
- 54.01 Ultrasound
- 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
- 75.00 ASC (Non-Distinct Part)
- 76.00 Cardiac Rehab
- 76.01 Diabetes Center
- 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
- 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

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 5,553,240	\$ 0	\$ 5,553,240
2.00	Capital Related Costs-Movable Equipment	1,013,264	0	1,013,264
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	6,917,803	(100,264)	6,817,539
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	34,125,426	(1,821,993)	32,303,433
6.00	Maintenance and Repairs	5,478,537	0	5,478,537
7.00	Operation of Plant		0	0
8.00	Laundry and Linen Service	712,478	0	712,478
9.00	Housekeeping	3,271,558	0	3,271,558
10.00	Dietary	3,168,174	(10,212)	3,157,962
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	3,318,011	(5,286)	3,312,725
14.00	Central Services and Supply	2,606,073	0	2,606,073
15.00	Pharmacy	5,137,655	0	5,137,655
16.00	Medical Records & Library	3,792,707	0	3,792,707
17.00	Social Service	542,493	0	542,493
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)		0	0
22.00	Intern & Res. Other Program Costs (Approved)		0	0
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)	37,537,017	0	37,537,017
31.00	Intensive Care Unit	10,761,359	0	10,761,359
31.01	Neonatal Intensive Care Unit	4,438,060	0	4,438,060
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	1,380,691	0	1,380,691
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:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 15,356,643	\$ 0	\$ 15,356,643
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room	5,722,729	0	5,722,729
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	6,383,824	(1,370)	6,382,454
54.01	Ultrasound	1,291,674	0	1,291,674
56.00	Radioisotope	857,606	0	857,606
57.00	Computed Tomography (CT) Scan	1,189,863	0	1,189,863
58.00	Magnetic Resonance Imaging (MRI)	241,403	0	241,403
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	6,441,583	0	6,441,583
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells	1,527,057	0	1,527,057
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	4,061,136	0	4,061,136
66.00	Physical Therapy	1,328,371	0	1,328,371
67.00	Occupational Therapy	202,416	0	202,416
68.00	Speech Pathology	163,197	0	163,197
69.00	Electrocardiology	3,804,663	0	3,804,663
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	17,799,948	0	17,799,948
72.00	Implantable Devices Charged to Patients	9,081,287	0	9,081,287
73.00	Drugs Charged to Patients	7,318,492	0	7,318,492
74.00	Renal Dialysis	734,796	0	734,796
75.00	ASC (Non-Distinct Part)		0	0
76.00	Cardiac Rehab	355,022	0	355,022
76.01	Diabetes Center	297,179	0	297,179
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)		0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic	4,756,323	0	4,756,323
91.00	Emergency	15,012,461	0	15,012,461
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	\$ 233,682,219	\$ (1,939,125)	\$ 231,743,094
	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:
ST. MARY MEDICAL CENTER

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. tchng. prgm.)		0	0
101.00	Home Health Agency		0	0
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
112.00	Other Organ Acquisition (specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review-SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose (specify)		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen		0	0
191.00	Research		0	0
192.00	Physicians' Private Offices		0	0
193.00	Nonpaid Workers		0	0
193.01	Marketing	2,331,786	0	2,331,786
193.02	Non-Reimbursable Cost Center	2,310,037	0	2,310,037
193.03	Medical Office Building		0	0
193.04			0	0
	SUBTOTAL	\$ 4,641,823	\$ 0	\$ 4,641,823
200	TOTAL	\$ 238,324,042	\$ (1,939,125)	\$ 236,384,917

(To Schedule 8)

Provider Name							Fiscal Period		Provider NPI		Adjustments
ST. MARY MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011		1669456299		31
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>MEMORANDUM ADJUSTMENT</u>											
1	1	E-3	VII	XIX	43.00	1	Protested Amounts To eliminate protested amounts. 42 CFR 413.20, 413.24, and 413.5 CMS Pub. 15-1, Sections 2300 and 2304 CMS Pub. 15-2, Section 115.2	\$3,285,616	(\$3,285,616)	\$0	

Provider Name							Fiscal Period		Provider NPI		Adjustments	
ST. MARY MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011		1669456299		31	
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 COSTS												
	10A	A			4.00	7	Employee Benefits	\$6,917,803				
2							To eliminate Fun Express, OC Tanner, Catalina bus, Target, LA County Fair, Brinker, Bear Valley Party Rentals, and Sysco Food Service expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3			(\$90,887)		
3							To eliminate Fun Express, Proforma, and Hyatt Legal Plans expenses due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)			<u>(9,377)</u> (\$100,264)	\$6,817,539	
	10A	A			5.00	7	Administrative and General	\$34,125,426				
4							To eliminate non-sufficient fee and continuing education expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(\$167,696)		
5							To eliminate obsolescence expense due to lack of documentation. 42 CFR 413.20, 413.24, 413.134(f) and 431.107 CMS Pub. 15-1, Sections 132A, 2300 and 2304, W&I Code 14124.2(b)			(2,429)		
6							To eliminate estimated accrued legal expense to agree with the provider's detail trial balance. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(225,000)		
7							To eliminate Edward Wong expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)			<u>(680)</u> (\$395,805)	\$33,729,621	*

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. MARY MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011			1669456299		31
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 COSTS												
	10A	A			5.00	7	Administrative and General	*	\$33,729,621			
8							To eliminate The Cake Shop expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3			(\$1,500)		
9							To eliminate Bear Valley Party Rental expense not related to patient care, and due to insufficient documentation. 42 CFR 413.9(c)(3), 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300 and 2304			(1,019)		
10							To eliminate Positive Promotions expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)			(364)		
11							To eliminate Big Bear team building day expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3			(1,900)		
12							To eliminate Rotary Club of Apple Valley expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3			(360)		
13							To eliminate travel voucher appreciation expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3			(2,000)		
14							To eliminate Diners Club Card accrual expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(1,100) (\$8,243) \$33,721,378 *		
*Balance carried forward from prior/to subsequent adjustments												

Provider Name							Fiscal Period		Provider NPI		Adjustments
ST. MARY MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011		1669456299		31
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 COSTS											
	10A	A			5.00	7	Administrative and General	*	\$33,721,378		
15							To eliminate various travel expenses for Harold and Vivian Brooks, James Kyle, David Obrien, Dannette Bedford, and John Perring Mulligan not related to patient care, and due to insufficient documentation. 42 CFR 413.9(c)(3), 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300 and 2304			(\$15,722)	
16							To eliminate Chamber of Commerce expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3			(1,100)	
17							To eliminate credit card transaction fees and Gateway fee expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(2,967)	
18							To eliminate Quality Assurance Fees not considered an allowable cost for cost reporting and reimbursement purposes. W&I Codes 14167.32 and 14168.32			<u>(1,398,156)</u> (\$1,417,945) \$32,303,433	

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments	
ST. MARY MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1669456299		31	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED COSTS										
19	10A	A			10.00	7	Dietary To eliminate Bear Valley Party Rentals and Sysco Food Service of Los Angeles expenses not related to patient care, and due to insufficient documentation. 42 CFR 413.9(c)(3), 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300 and 2304	\$3,168,174	(\$10,212)	\$3,157,962
20	10A	A			13.00	7	Nursing Administration To eliminate Proforma expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3	\$3,318,011	(\$5,286)	\$3,312,725
21	10A	A			54.00	7	Radiology-Diagnostic To eliminate Positive Promotions expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)	\$6,383,824	(\$1,370)	\$6,382,454

Provider Name							Fiscal Period	Provider NPI	Adjustments		
ST. MARY MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011	1669456299	31		
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 - NONCONTRACT											
22	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	8,296.00	(228.00)	8,068.00 *	
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	1,382.00	3.00	1,385.00 *	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	906.00	(10.00)	896.00 *	
	4A	D-1	II	XIX	43.01	4	Medi-Cal Days - Neonatal Intensive Care Unit	1,720.00	(33.00)	1,687.00	
23	4A	Not Reported						Medi-Cal Administrative Days (July 1, 2010 through June 30, 2011)	0.00	41.00	41.00
	4A	Not Reported						Medi-Cal Administrative Day Rate (July 1, 2010 through June 30, 2011)	\$0.00	\$351.26	\$351.26
24	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$7,200,995	(\$139,067)	\$7,061,928	
	6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	5,865,327	(15,962)	5,849,365	
	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	1,483,335	(23,708)	1,459,627	
	6	D-3		XIX	54.01	2	Medi-Cal Ancillary Charges - Ultrasound	674,693	(21,195)	653,498	
	6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	909,457	(30,601)	878,856	
	6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	2,628,341	(77,837)	2,550,504	
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	717,550	(16,175)	701,375	
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	6,277,068	(139,684)	6,137,384	
	6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	200,062	5,293	205,355	
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	3,219,528	(51,341)	3,168,187	
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	517,984	(33,949)	484,035	
	6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	80,070	(8,491)	71,579	
	6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	8,828	(4,252)	4,576	
	6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	3,761,265	(168,869)	3,592,396	
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	774,349	(31,090)	743,259	
	6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	1,347,554	(22,514)	1,325,040	
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	16,796,812	(381,958)	16,414,854	
	6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	424,904	(10,496)	414,408	
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	5,888,094	385,152	6,273,246	
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	58,776,216	(786,744)	57,989,472	
-Continued on next page-											
*Balance carried forward from prior/to subsequent adjustments											

Provider Name			Fiscal Period				Provider NPI		Adjustments		
ST. MARY MEDICAL CENTER			JULY 1, 2010 THROUGH JUNE 30, 2011				1669456299		31		
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 - NONCONTRACT											
-Continued from previous page-											
25	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$34,595,435	(\$738,353)	\$33,857,082	
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	58,776,216	(786,744)	57,989,472	
26	3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$86,296	\$3,918	\$90,214	
	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	484,194	29,876	514,070	
27	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payment	\$26,680,925	(\$632,825)	\$26,048,100	
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 01, 2010 through June 30, 2011 Payment Period: July 01, 2010 through February 01, 2013 Report Date: February 05, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404 and 2408 CCR, Title 22, Sections 51173, 51511, 51541 and 51542</p>											
28	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	*	8,068.00	(29.25)	8,038.75
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	*	1,385.00	(1.25)	1,383.75
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	*	896.00	(2.75)	893.25
<p style="text-align: center;">To eliminate Medi-Cal days for billed Medi-Cal days by 25% and 50%, for claims submitted during the 7th through the 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of service identified on the following Fiscal Intermediary Payment Data: Service Period: July 01, 2010 through June 30, 2011 Payment Period: July 01, 2010 through February 01, 2013 Report Date: February 05, 2013 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 W&I Code, Section 14115 CCR, Title 22, Sections 51541 and 51458.1</p>											
*Balance carried forward from prior/to subsequent adjustments											

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. MARY MEDICAL CENTER							JULY 1, 2010 THROUGH JUNE 30, 2011			1669456299		31
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>ADJUSTMENTS TO OTHER MATTERS</u>												
29	1	Not Reported					Credit Balances 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	(\$40,024)	(\$40,024)		
30	1	Not Reported					Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1	\$0	(\$8,478)	(\$8,478)		
31	1	E-3	VII	XIX	37.00	1	Administrative Days To eliminate Administrative Day expense so as to include it on Non-Contract Schedule 4A. 42 CFR 413.50 and 413.53 CMS Pub. 15-1, Sections 2300 and 2304	\$12,950	(\$12,950)	\$0		