

**REPORT
ON THE
COST REPORT REVIEW**

**MERCY HOSPITAL OF FOLSOM
FOLSOM, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1356389878**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

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

**Section Chief: Robert G. Kvick
Audit Supervisor: Blanca Dacanay
Auditors: Deborah Manduca**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

October 10, 2013

Patty Skarshaug
Senior Reimbursement Analyst
Catholic Healthcare West
3400 Data Drive
Rancho Cordova, CA 95670

MERCY HOSPITAL OF FOLSOM
NATIONAL PROVIDER IDENTIFIER (NPI) 1356389878
FISCAL PERIOD ENDED JUNE 30, 2010

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 Paid Claims Summary Report, 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 settlement for the fiscal period due the State in the amount of \$5,487 presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Cost (CONTRACT Schedules)
3. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
4. 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.

Patty Skarshaug
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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
Office of Administrative Appeals and Hearings
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 95899-7413

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Sacramento at (916) 650-6994.

Original Signed By

Robert G. Kvick, Chief
Audits Section—Sacramento
Financial Audits Branch
Certified

SUMMARY OF FINDINGS

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1356389878		
Reported	\$ (1,237)	
Net Change	\$ (4,250)	
Audited Amount Due Provider (State)	\$ (5,487)	
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: 1356389878		
Reported		\$ 6,936,153
Net Change		\$ (2,590,170)
Audited Cost		\$ 4,345,983
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)	\$ (5,487)	
9. Total Medi-Cal Cost		\$ 4,345,983

SUMMARY OF FINDINGS

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

	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)	\$ (5,487)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356389878

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 4,116	\$ 25,759
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 4,116	\$ 25,759
6. Interim Payments (Adj 11)		\$ (5,353)	\$ (31,246)
7. Balance Due Provider (State)		\$ (1,237)	\$ (5,487)
8. Duplicate Payments (Adj)		\$ 0	\$ 0
9.	\$	\$ 0	0
10.	\$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ (1,237)	\$ (5,487)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
MERCY HOSPITAL OF FOLSOMFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1356389878

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>4,116</u>	\$ <u>25,759</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 10)	\$ <u>0</u>	\$ <u>88,120</u>
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3. Inpatient Ancillary Service Charges (Adj 10)	\$ <u>21,411</u>	\$ <u>85,642</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>21,411</u>	\$ <u>173,762</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>17,295</u>	\$ <u>148,003</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 INPATIENT ROUTINE SERVICE COSTProvider Name:
MERCY HOSPITAL OF FOLSOMFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1356389878

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	15,957	15,957
2. Inpatient Days (include private, exclude swing-bed)	15,957	15,957
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	15,957	15,957
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 8)	1	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 21,129,129	\$ 20,467,482
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)	\$ 21,129,129	\$ 20,467,482

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 73,220,428	\$ 73,220,428
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 73,220,428	\$ 73,220,428
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.288569	\$ 0.279532
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)	\$ 4,588.61	\$ 4,588.61
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)	\$ 21,129,129	\$ 20,467,482

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,324.13	\$ 1,282.66
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,324	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 9,835
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,324	\$ 9,835

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MERCY HOSPITAL OF FOLSOMFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1356389878

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,700,263	\$ 1,646,179
2. Total Inpatient Days (Adj)	1,991	1,991
3. Average Per Diem Cost	\$ 853.97	\$ 826.81
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 7,042,580	\$ 6,817,577
7. Total Inpatient Days (Adj)	2,524	2,524
8. Average Per Diem Cost	\$ 2,790.25	\$ 2,701.10
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 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
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 8)	\$ 0.00	\$ 351.26
27. Medi-Cal Inpatient Days (Adj 8)		28
28. Cost Applicable to Medi-Cal	\$ 0	\$ 9,835
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 9,835

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MERCY HOSPITAL OF FOLSOMFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1356389878

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356389878

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 14,547,736	\$ 55,327,152	0.262940	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	3,870,599	9,962,638	0.388511	0	0
40.00	Anesthesiology	276,633	8,391,827	0.032965	0	0
41.00	Radiology - Diagnostic	7,214,573	67,640,346	0.106661	5,597	597
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	1,065,667	9,242,750	0.115298	0	0
44.00	Laboratory	6,484,067	70,575,580	0.091874	30,379	2,791
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	4,733	0	0.000000	0	0
47.00	Blood Storing and Processing	740,956	681,663	1.086983	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	1,940,720	13,523,567	0.143507	0	0
50.00	Physical Therapy	2,382,661	7,357,878	0.323824	18,691	6,053
51.00	Occupational Therapy	0	0	0.000000	0	0
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	376,178	5,445,867	0.069076	0	0
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	4,829,812	8,684,489	0.556142	0	0
55.30	Implant Devices Charged to Patients	3,518,325	11,194,946	0.314278	0	0
56.00	Drugs Charged to Patients	5,409,040	25,842,004	0.209312	30,975	6,483
57.00	Renal Dialysis	182,575	161,818	1.128275	0	0
59.00	Non Invasive Cardio Lab	181,666	2,173,093	0.083598	0	0
59.01		0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	10,079,003	72,670,225	0.138695	0	0
62.00	Observation Beds	0	2,786,086	0.000000	0	0
71.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 63,104,945	\$ 371,661,929		\$ 85,642	\$ 15,924

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356389878

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 6,936,153	\$ 4,345,983
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.		\$ 0	\$ 0
5.	Subtotal (Sum of Lines 1 through 4)	\$ 6,936,153	\$ 4,345,983
6.	Interim Payment	\$ 0	\$ 0
7.		\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 6,936,153	\$ 4,345,983
(To Summary of Findings)			
9.	Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
10.	Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0
11.		\$ 0	\$ 0
12.		\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0
(To Summary of Findings)			

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

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356389878

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>7,036,446</u>	\$ <u>4,456,190</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 6)	\$ <u>5,978,748</u>	\$ <u>6,123,350</u>
3. Inpatient Ancillary Service Charges (Adj 6)	\$ <u>20,863,670</u>	\$ <u>11,801,179</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>26,842,418</u>	\$ <u>17,924,529</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>19,805,972</u>	\$ <u>13,468,339</u>
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 HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356389878

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	15,957	15,957
2. Inpatient Days (include private, exclude swing-bed)	15,957	15,957
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	15,957	15,957
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 4)	1,234	1,258

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 21,129,129	\$ 20,467,482
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)	\$ 21,129,129	\$ 20,467,482

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 73,220,428	\$ 73,220,428
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 73,220,428	\$ 73,220,428
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.288569	\$ 0.279532
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)	\$ 4,588.61	\$ 4,588.61
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)	\$ 21,129,129	\$ 20,467,482

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,324.13	\$ 1,282.66
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,633,976	\$ 1,613,586
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 808,638	\$ 808,338
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 2,442,614	\$ 2,421,924

(To Contract Sch 3)

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

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356389878

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,700,263	\$ 1,646,179
2. Total Inpatient Days (Adj)	1,991	1,991
3. Average Per Diem Cost	\$ 853.97	\$ 826.81
4. Medi-Cal Inpatient Days (Adj 4)	117	125
5. Cost Applicable to Medi-Cal	\$ 99,914	\$ 103,351
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 7,042,580	\$ 6,817,577
7. Total Inpatient Days (Adj)	2,524	2,524
8. Average Per Diem Cost	\$ 2,790.25	\$ 2,701.10
9. Medi-Cal Inpatient Days (Adj 4)	254	261
10. Cost Applicable to Medi-Cal	\$ 708,724	\$ 704,987
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
0		
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 808,638	\$ 808,338

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356389878

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

(To Contract Sch 4)

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINISTRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	1,262,664	0	0	0	0	0	0	0	0	10,124,520	2,395,649
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	518,719	0	0	0	0	0	0	0	0	2,643,834	625,580
40.00 Anesthesiology	0	6	0	0	0	0	0	0	0	0	145,596	34,451
41.00 Radiology - Diagnostic	0	615,123	0	0	0	0	0	0	0	0	5,152,983	1,219,291
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	110,162	0	0	0	0	0	0	0	0	738,392	174,717
44.00 Laboratory	0	813,121	0	0	0	0	0	0	0	0	4,618,540	1,092,832
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	3,827	906
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	583,500	138,067
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	334,168	0	0	0	0	0	0	0	0	1,402,885	331,949
50.00 Physical Therapy	0	346,884	0	0	0	0	0	0	0	0	1,574,361	372,523
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	52,447	0	0	0	0	0	0	0	0	252,123	59,657
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,094,804	732,288
55.30 Implant Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,239,957	530,015
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,376,965	562,434
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	146,965	34,775
59.00 Non Invasive Cardio Lab	0	31,047	0	0	0	0	0	0	0	0	128,742	30,463
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	1,251,418	0	0	0	0	0	0	0	0	6,422,627	1,519,713
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	5,422	1,283
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Nonreimbursable	0	0	0	0	0	0	0	0	0	0	444,085	105,079
100.01 White Rock Clinic	0	141,194	0	0	0	0	0	0	0	0	628,708	148,764
100.02 Folsom Family Clinic	0	80,015	0	0	0	0	0	0	0	0	365,878	86,574
100.03 Folsom Endoscopy	0	0	0	0	0	0	0	0	0	0	1,417	335
100.05 NRCC Public Relations	0	47,326	0	0	0	0	0	0	0	0	521,800	123,467
100.07 Community Health Education	0	75,244	0	0	0	0	0	0	0	0	445,386	105,387
0.00	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	14,670,077	0	95,355,678	18,245,659							

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS													
37.00	Operating Room	815,863	0	18,410	404,914	28,910	135,171	0	318,656	0	19,937	240,037	45,669
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	214,214	0	11,319	106,315	0	55,972	0	161,918	0	0	43,223	8,224
40.00	Anesthesiology	23,726	0	0	11,775	0	2	0	0	0	17,748	36,408	6,927
41.00	Radiology - Diagnostic	263,910	0	9,078	130,979	0	86,063	0	177	0	2,801	293,458	55,833
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	62,272	0	1,132	30,906	0	10,117	0	0	0	401	40,100	7,629
44.00	Laboratory	177,163	0	20	87,927	0	137,180	0	0	0	5,956	306,193	58,256
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	10,605	0	0	5,263	0	0	0	0	0	0	2,957	563
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	58,601	0	0	29,084	0	47,562	0	0	0	805	58,672	11,163
50.00	Physical Therapy	212,175	0	0	105,303	0	50,758	0	29,546	0	0	31,922	6,073
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	16,656	0	146	8,266	0	11,207	0	0	0	0	23,627	4,495
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	952,115	5,759	37,678	7,169
55.30	Implant Devices Charged to Patients	0	0	0	0	0	0	0	0	690,543	0	48,569	9,241
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	2,336,194	112,116	21,331
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	702	134
59.00	Non Invasive Cardio Lab	5,439	0	0	2,699	0	3,101	0	0	0	0	9,428	1,794
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	762,768	0	48,544	378,563	37,789	137,674	0	382,089	0	13,971	315,280	59,985
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	15,024	0	0	7,457	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
100.01	White Rock Clinic	0	0	0	0	0	25,070	0	17,584	0	1,345	0	0
100.02	Folsom Family Clinic	0	0	0	0	0	13,343	0	11,484	0	1,054	0	0
100.03	Folsom Endoscopy	0	0	56	0	212,124	0	0	0	0	0	0	0
100.05	NRCC Public Relations	0	0	0	0	0	8,625	0	0	8	0	0	0
100.07	Community Health Education	0	0	0	0	0	11,668	0	10,936	47	86	0	0
0.00		0	0	0	0	0	0	0	0	0	0	0	0
0.00		0	0	0	0	0	0	0	0	0	0	0	0
0.00		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		<u>4,691,364</u>	<u>0</u>	<u>177,826</u>	<u>2,241,856</u>	<u>2,292,718</u>	<u>1,418,914</u>	<u>0</u>	<u>2,476,720</u>	<u>1,643,383</u>	<u>2,406,057</u>	<u>1,917,720</u>	<u>364,864</u>

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST	TOTAL
										STEP-DOWN ADJUSTMENT 26.00	COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	14,547,736		14,547,736
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	3,870,599		3,870,599
40.00 Anesthesiology	0	0	0	0	0	0	0	0	276,633		276,633
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	7,214,573		7,214,573
41.01	0	0	0	0	0	0	0	0	0		0
41.02	0	0	0	0	0	0	0	0	0		0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,065,667		1,065,667
44.00 Laboratory	0	0	0	0	0	0	0	0	6,484,067		6,484,067
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00 Whole Blood	0	0	0	0	0	0	0	0	4,733		4,733
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	740,956		740,956
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	1,940,720		1,940,720
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,382,661		2,382,661
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0		0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	376,178		376,178
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0		0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	4,829,812		4,829,812
55.30 Implant Devices Charged to Patients	0	0	0	0	0	0	0	0	3,518,325		3,518,325
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	5,409,040		5,409,040
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	182,575		182,575
59.00 Non Invasive Cardio Lab	0	0	0	0	0	0	0	0	181,666		181,666
59.01	0	0	0	0	0	0	0	0	0		0
59.02	0	0	0	0	0	0	0	0	0		0
59.03	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	0		0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	0	0	0	10,079,003		10,079,003
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00	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
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	29,185		29,185
97.00 Research	0	0	0	0	0	0	0	0	0		0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01	0	0	0	0	0	0	0	0	0		0
100.00 Nonreimbursable	0	0	0	0	0	0	0	0	549,164		549,164
100.01 White Rock Clinic	0	0	0	0	0	0	0	0	821,471		821,471
100.02 Folsom Family Clinic	0	0	0	0	0	0	0	0	478,333		478,333
100.03 Folsom Endoscopy	0	0	0	0	0	0	0	0	213,932		213,932
100.05 NRCC Public Relations	0	0	0	0	0	0	0	0	653,900		653,900
100.07 Community Health Education	0	0	0	0	0	0	0	0	573,509		573,509
0.00	0	0	0	0	0	0	0	0	0		0
0.00	0	0	0	0	0	0	0	0	0		0
0.00	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>95,355,678</u>	<u>0</u>	<u>95,355,678</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

	EMP BENE (GROSS SALARIES)	STAT 6.01 (Adj) (Adj)	STAT 6.02 (Adj) (Adj)	STAT 6.03 (Adj) (Adj)	STAT 6.04 (Adj) (Adj)	STAT 6.05 (Adj) (Adj)	STAT 6.06 (Adj) (Adj)	STAT 6.07 (Adj) (Adj)	STAT 6.08 (Adj) (Adj)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj) (Adj)
ANCILLARY COST CENTERS											
37.00	Operating Room	3,765,024								10,124,520	12,001
38.00	Recovery Room									0	
39.00	Delivery Room and Labor Room	1,546,722								2,643,834	3,151
40.00	Anesthesiology	18								145,596	349
41.00	Radiology - Diagnostic	1,834,180								5,152,983	3,882
41.01										0	
41.02										0	
42.00	Radiology - Therapeutic									0	
43.00	Radioisotope	328,483								738,392	916
44.00	Laboratory	2,424,573								4,618,540	2,606
44.01	Pathological Lab									0	
46.00	Whole Blood									3,827	
47.00	Blood Storing and Processing									583,500	156
48.00	Intravenous Therapy									0	
49.00	Respiratory Therapy	996,426								1,402,885	862
50.00	Physical Therapy	1,034,343								1,574,361	3,121
51.00	Occupational Therapy									0	
52.00	Speech Pathology									0	
53.00	Electrocardiology	156,387								252,123	245
54.00	Electroencephalography									0	
55.00	Medical Supplies Charged to Patients									3,094,804	
55.30	Implant Devices Charged to Patients									2,239,957	
56.00	Drugs Charged to Patients									2,376,965	
57.00	Renal Dialysis									146,965	
59.00	Non Invasive Cardio Lab	92,576								128,742	80
59.01										0	
59.02										0	
59.03										0	
60.00	Clinic									0	
60.01	Other Clinic Services									0	
61.00	Emergency	3,731,490								6,422,627	11,220
62.00	Observation Beds									0	
71.00										0	
82.00										0	
83.00										0	
84.00										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop & Canteen									5,422	221
97.00	Research									0	
98.00	Physicians' Private Office									0	
99.00	Nonpaid Workers									0	
99.01										0	
100.00	Nonreimbursable									444,085	
100.01	White Rock Clinic	421,013								628,708	
100.02	Folsom Family Clinic	238,590								365,878	
100.03	Folsom Endoscopy									1,417	
100.05	NRCC Public Relations	141,116								521,800	
100.07	Community Health Education	224,363								445,386	
0.00		0								0	
0.00		0								0	
0.00										0	
TOTAL		43,743,373	0	0	0	0	0	0	0	77,110,019	69,008
COST TO BE ALLOCATED		14,670,077	0	0	0	0	0	0	0	18,245,659	4,691,364
UNIT COST MULTIPLIER - SCH 8		0.335367	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.236619	67.982907

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TIME SPENT)	SOC SERV (TIME SPENT)	STAT
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS												
37.00	Operating Room	63,112	12,001	1,781	55,351		36,044		21,871	55,327,152	55,327,152	
38.00	Recovery Room											
39.00	Delivery Room and Labor Room	38,804	3,151		22,920		18,315			9,962,638	9,962,638	
40.00	Anesthesiology		349		1				19,469	8,391,827	8,391,827	
41.00	Radiology - Diagnostic	31,122	3,882		35,242		20		3,073	67,640,346	67,640,346	
41.01												
41.02												
42.00	Radiology - Therapeutic											
43.00	Radioisotope	3,881	916		4,143				440	9,242,750	9,242,750	
44.00	Laboratory	68	2,606		56,174				6,534	70,575,580	70,575,580	
44.01	Pathological Lab											
46.00	Whole Blood											
47.00	Blood Storing and Processing		156							681,663	681,663	
48.00	Intravenous Therapy											
49.00	Respiratory Therapy		862		19,476				883	13,523,567	13,523,567	
50.00	Physical Therapy		3,121		20,785		3,342			7,357,878	7,357,878	
51.00	Occupational Therapy											
52.00	Speech Pathology											
53.00	Electrocardiology	502	245		4,589					5,445,867	5,445,867	
54.00	Electroencephalography											
55.00	Medical Supplies Charged to Patients							3,088,435	6,318	8,684,489	8,684,489	
55.30	Implant Devices Charged to Patients							2,239,957		11,194,946	11,194,946	
56.00	Drugs Charged to Patients								2,562,789	25,842,004	25,842,004	
57.00	Renal Dialysis									161,818	161,818	
59.00	Non Invasive Cardio Lab		80		1,270					2,173,093	2,173,093	
59.01												
59.02												
59.03												
60.00	Clinic											
60.01	Other Clinic Services											
61.00	Emergency	166,416	11,220	2,328	56,376		43,219		15,326	72,670,225	72,670,225	
62.00	Observation Beds											
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen		221									
97.00	Research											
98.00	Physicians' Private Office											
99.00	Nonpaid Workers											
99.01												
100.00	Nonreimbursable											
100.01	White Rock Clinic				10,266		1,989		1,475			
100.02	Folsom Family Clinic				5,464		1,299		1,156			
100.03	Folsom Endoscopy	191		13,068								
100.05	NRCC Public Relations				3,532			26				
100.07	Community Health Education				4,778		1,237	151	94			
0.00		0										
0.00		0										
0.00												
TOTAL	0	609,610	66,445	141,244	581,031	0	280,148	5,330,746	2,639,428	442,022,857	442,022,857	0
COST TO BE ALLOCATED	0	177,826	2,241,856	2,292,718	1,418,914	0	2,476,720	1,643,383	2,406,057	1,917,720	364,864	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.291704	33.740026	16.232318	2.442063	0.000000	8.840754	0.308284	0.911583	0.004339	0.000825	0.000000

Provider Name:

Fiscal Period Ended:

MERCY HOSPITAL OF FOLSOM

JUNE 30, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
6.04							
6.05							
6.06							
6.07							
6.08							
6.00							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00							
26.00							
27.00							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

TRIAL BALANCE OF EXPENSES

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	(1,407,035)	3,195,506	1,788,471
4.00	New Cap Rel Costs-Movable Equipment	2,978,096	(1,702,802)	1,275,294
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	14,231,156	428,765	14,659,921
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	19,339,200	(3,759,129)	15,580,071
7.00	Maintenance and Repairs	2,277,795	0	2,277,795
8.00	Operation of Plant		0	0
9.00	Laundry and Linen Service	(11,141)	0	(11,141)
10.00	Housekeeping	1,366,805	0	1,366,805
11.00	Dietary	1,254,308	0	1,254,308
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,433,787	0	1,433,787
15.00	Central Services & Supply	806,568	0	806,568
16.00	Pharmacy	1,389,589	0	1,389,589
17.00	Medical Records and Library	1,130,179	0	1,130,179
18.00	Social Service	229,281	0	229,281
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	10,143,535	0	10,143,535
26.00	Intensive Care Unit	3,714,703	0	3,714,703
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	884,826	0	884,826
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
MERCY HOSPITAL OF FOLSOM

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 8,567,446	\$ 0	\$ 8,567,446
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	2,047,814	0	2,047,814
40.00	Anesthesiology	137,028	0	137,028
41.00	Radiology - Diagnostic	4,442,626	0	4,442,626
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	605,758	0	605,758
44.00	Laboratory	3,741,488	0	3,741,488
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing	583,500	0	583,500
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	1,047,570	0	1,047,570
50.00	Physical Therapy	1,150,912	0	1,150,912
51.00	Occupational Therapy		0	0
52.00	Speech Pathology		0	0
53.00	Electrocardiology	193,666	0	193,666
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	3,094,804	0	3,094,804
55.30	Implant Devices Charged to Patients	2,239,957	0	2,239,957
56.00	Drugs Charged to Patients	2,376,965	0	2,376,965
57.00	Renal Dialysis	146,965	0	146,965
59.00	Non Invasive Cardio Lab	95,733	0	95,733
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency	4,895,959	0	4,895,959
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 95,129,843	\$ (1,837,660)	\$ 93,292,183
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
100.00	Nonreimbursable	444,085	0	444,085
100.01	White Rock Clinic	487,514	0	487,514
100.02	Folsom Family Clinic	285,863	0	285,863
100.03	Folsom Endoscopy	1,417	0	1,417
100.05	NRCC Public Relations	474,474	0	474,474
100.07	Community Health Education	370,142	0	370,142
			0	0
			0	0
			0	0
100.99	SUBTOTAL	\$ 2,063,495	\$ 0	\$ 2,063,495
101	TOTAL	\$ 97,193,338	\$ (1,837,660)	\$ 95,355,678

(To Schedule 8)

Provider Name							Fiscal Period			Provider NPI		Adjustments
MERCY HOSPITAL OF FOLSOM							JULY 1, 2009 THROUGH JUNE 30, 2010			1356389878		11
Report References												
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
<u>RECLASSIFICATION OF REPORTED COSTS</u>												
1	10A	A			3.00		New Cap Rel Costs - Bldg & Fixtures			(\$1,407,035)	\$2,920,851	\$1,513,816 *
	10A	A			4.00		New Cap Rel Costs - Movable Equipment			2,978,096	(2,920,851)	57,245 *
							To adjust the provider's reclassification of depreciation costs to agree with the provider's records.					
							42 CFR 413.20 and 413.24					
							CMS Pub. 15-1, Sections 2300 and 2304					

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments		
MERCY HOSPITAL OF FOLSOM			JULY 1, 2009 THROUGH JUNE 30, 2010				1356389878		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.					
ADJUSTMENTS TO REPORTED COSTS											
2	10A	A			3.00	7	New Cap Rel Costs - Bldg & Fixtures	*	\$1,513,816	\$274,655	\$1,788,471
	10A	A			4.00	7	New Cap Rel Costs - Movable Equipment	*	57,245	1,218,049	1,275,294
	10A	A			5.00	7	Employee Benefits		14,231,156	428,765	14,659,921
	10A	A			6.00	7	Administrative and General		19,339,200	(3,865,461)	15,473,739 *
To adjust reported home office costs to agree with the Amended Catholic Healthcare West Home Office Audit Report for fiscal period ended June 30, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304											
3	10A	A			6.00	7	Administrative and General	*	\$15,473,739	\$106,332	\$15,580,071
To adjust home office costs to agree with the filed Catholic Healthcare West HPL Trust Home Office Cost Report for fiscal period ended June 30, 2010. 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 HOSPITAL OF FOLSOM							JULY 1, 2009 THROUGH JUNE 30, 2010	1356389878	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										
4	Contract 4	D-1	I	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	1,234	24	1,258
	Contract 4A	D-1	II	V	42.00	4	Medi-Cal Days - Nursery	117	8	125
	Contract 4A	D-1	II	V	43.00	4	Medi-Cal Days - Intensive Care Unit	254	7	261
5	Contract 6	D-4		V	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$10,434,411	(\$9,342,271)	\$1,092,140
	Contract 6	D-4		V	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	332,630	26,624	359,254
	Contract 6	D-4		V	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	149,318	8,221	157,539
	Contract 6	D-4		V	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,743,408	20,285	1,763,693
	Contract 6	D-4		V	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	311,368	8,720	320,088
	Contract 6	D-4		V	44.00	2	Medi-Cal Ancillary Charges - Laboratory	2,480,885	85,819	2,566,704
	Contract 6	D-4		V	47.00	2	Medi-Cal Ancillary Charges - Blood Storing and Processing	66,625	5,524	72,149
	Contract 6	D-4		V	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	1,311,276	23,079	1,334,355
	Contract 6	D-4		V	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	200,097	3,702	203,799
	Contract 6	D-4		V	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	127,270	4,802	132,072
	Contract 6	D-4		V	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	185,199	3,949	189,148
	Contract 6	D-4		V	55.30	2	Medi-Cal Ancillary Charges - Implant Devices Charged to Patients	193,585	5,325	198,910
	Contract 6	D-4		V	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,084,953	44,909	2,129,862
	Contract 6	D-4		V	59.00	2	Medi-Cal Ancillary Charges - Non Invasive Cardio Lab	169,087	(800)	168,287
	Contract 6	D-4		V	61.00	2	Medi-Cal Ancillary Charges - Emergency	1,058,914	39,621	1,098,535
	Contract 6	D-4		V	101.00	2	Medi-Cal Ancillary Charges - Total	20,863,670	(9,062,491)	11,801,179
6	Contract 2	E-3	III	V	10.00	1	Medi-Cal Routine Service Charges	\$5,978,748	\$144,602	\$6,123,350
	Contract 2	E-3	III	V	11.00	1	Medi-Cal Ancillary Service Charges	20,863,670	(9,062,491)	11,801,179
7	Contract 3	E-3	III	V	33.00	1	Medi-Cal Deductibles	\$8,030	\$3,618	\$11,648
	Contract 3	E-3	III	V	36.00	1	Medi-Cal Coinsurance	92,263	6,296	98,559
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2009 through June 30, 2010 Payment Period: July 1, 2009 through September 1, 2012 Report Date: September 5, 2012 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										

Provider Name							Fiscal Period			Provider NPI		Adjustments
MERCY HOSPITAL OF FOLSOM							JULY 1, 2009 THROUGH JUNE 30, 2010			1356389878		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 - NONCONTRACT												
8	4	D-1	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	1	(1)	0			
	4A	Not Reported				Medi-Cal Administrative Days	0	28	28			
	4A	Not Reported				Medi-Cal Administrative Day Rate	\$0.00	\$351.26	\$351.26			
9	6	D-4	XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$1,399	\$4,198	\$5,597			
	6	D-4	XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	7,595	22,784	30,379			
	6	D-4	XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	4,673	14,018	18,691			
	6	D-4	XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	7,744	23,231	30,975			
	6	D-4	XIX	101.00	2	Medi-Cal Ancillary Charges - Total	21,411	64,231	85,642			
10	2	E-3	XIX	10.00	1	Medi-Cal Routine Service Charges	\$0	\$88,120	\$88,120			
	2	E-3	XIX	11.00	1	Medi-Cal Ancillary Service Charges	21,411	64,231	85,642			
11	1	E-3	XIX	57.00	1	Medi-Cal Interim Payments	\$5,353	\$25,893	\$31,246			
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data:</p> <p>Service Period: July 1, 2009 through June 30, 2010</p> <p>Payment Period: June 1, 2009 through September 1, 2012</p> <p>Report Date: September 5, 2012</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, 51511, 51541, and 51542</p>												